Services for Australian
Rural and Remote Allied Health

Outreach or Out-of-reach?
Access to Occupational Therapy Services in Australia

March 2026

Prepared for:

Services for Australian Rural and Remote Allied Health (SARRAH)

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Ethics Exemption EX-H16248: This project was granted ethics exemption by the Western Sydney University Human Research Ethics Committee in accordance with Section 5 of the National Statement on Ethical Conduct in Human Research 2023. The project was assessed as lower risk and involves the use of collections of information or data from which all personal identifiers have been removed prior to being received by the researchers.

Citation:

Hayes, K., McDonald, S., Coxon, K., Thyer, L., Bye, R. (2026). *Outreach or Out-of-reach? Access to Occupational Therapy Services in Australia.* Services for Australian Rural and Remote Allied Health (SARRAH). https://sarrah.org.au/

Funding statement:

This project received no dedicated funding. Services for Australian Rural and Remote Allied Health (SARRAH) funded the cost of the Australian Health Practitioner Regulation Agency (AHPRA) data extract; no additional financial support was provided.

Executive Summary

Access to occupational therapy (OT) services is essential for supporting Australians to participate in daily life, maintain independence, and achieve functional goals across home, school, work, and community settings.

Unlike many other health professions, OT practice often requires therapists to see people in the environments where they live, learn, and work. Functional assessments, home modifications, equipment prescription, early childhood intervention, school-based support, and community participation planning all depend on understanding a person's real-world context. This means that travel is not optional or incidental to OT practice - it is a core component of safe, effective and person-centred service delivery. While telehealth can be a useful adjunct, in many cases it is insufficient to meet all needs[1].

When OTs cannot travel, people in homes, schools, rural farms, supported accommodation, and remote communities are effectively left without access to essential therapy. Yet this report shows that access to OT is unevenly distributed and structurally inequitable, with geography, socioeconomic conditions, and population characteristics deeply shaping who can reach services and who cannot.

Using national road-network travel times and the Enhanced Two-Step Floating Catchment Area (E2SFCA) method, we examined OT service availability for every Statistical Area Level 1 (SA1) community in Australia (geographic blocks of approximately 200-800 people).

Together, these methods allow us to understand not only whether an OT is nearby, but whether local workforce capacity is sufficient for the populations who need services.

Key Findings

More than 550,000 Australians had no OT within 30-minutes' drive

These residents had *no practical access* to basic OT assessment or intervention. This includes:

- 126,548 children
- 273,00 people with chronic conditions
- 111,473 older adults
- 88,311 First Nations people
- 53,625 unpaid carers
- 29,549 people requiring assistance with daily activities

These groups often had the highest need for functional support, home modifications, assistive technology, early intervention, and rehabilitation.

Access gaps fall overwhelmingly on rural and remote Australia

- 93% of people without an OT within 30-minutes live in medium and small rural towns, remote, and very remote communities (Modified Monash Model (MM) Levels 4-7).
- Very remote communities (MM7), 64.1% of residents had *no OT access within 30-minutes.*

These patterns reflect structural spatial inequities, where service models and funding arrangements reflect metropolitan assumptions[2], leaving rural communities reliant on long-distance outreach, limited local workforce, and fragile markets.

Nationally, 5.7 million Australians had low, very low, or no OT access within 30-minutes' drive (MM1-3) or 60 minutes' drive (MM4-7)

Even when broader catchments are included (60-minute drive allowance in MM4–MM7), the E2SFCA analysis showed substantial under-supply:

- Only 46% of Australians fall in high or highest access categories.
- 22.5% had low, very low, or no access to OT services.

This means OT workforce growth (74% over 9 years)[3] has not translated into equitable distribution.

State and territory differences mirror broader structural patterns

- The ACT showed the highest access.
- Victoria, NSW, and Western Australia had moderate-to-high overall access but large regional gaps.
- Tasmania and Queensland showed more uneven distribution.
- The Northern Territory has the most severe shortage: almost 1 in 5 residents had *no* OT access.

First Nations Peoples face the lowest levels of access

- **17.5%** of First Nations residents had nil or very low access (vs 5.8% nationally).
- Only **34.4%** of First Nations people had high or highest access (vs 47.4% nationally).

Many First Nations communities are located in remote and very remote regions where services are least available. These inequities reflect long-standing underinvestment rather than community characteristics.

Socioeconomic disadvantage compounds geographic inequity

OT access increases with socioeconomic advantage:

- In **IRSAD Decile 1** (most disadvantaged), **9.3%** had nil/very low access.
- In **Decile 10** (most advantaged), only **1.5%** had limited access.

This gradient demonstrated that communities with the fewest resources were also the least able to reach essential services.

Implications

The findings suggest that access inequities are predictable, systemic, and spatially patterned. The people and places most in need of OT due to complex intersecting needs, including, rural communities, First Nations people, children, older adults, and low-income populations, are the least able to obtain it from an in-person occupational therapist.

Recent changes to NDIS travel reimbursement, which reduce billable travel time for therapists[4], set a dangerous precedent for the financial sustainability of out-reach services. The realities of rural practice, including necessity for travel, the existence of thin markets, and limited workforce availability must be factored into funding policies.

These inequities cannot be solved by workforce growth alone[3]. They require targeted, place-responsive policy action that recognises geographic disadvantage and corrects the structural conditions that currently limit equitable service provision.

Summary of Recommendations:

- **Strengthen modelling of government funding to reflect geographic realities** including analysis of distance and costs in rural and remote areas.
- **Invest in a rural and remote OT workforce strategy** with long-term system supports and rural pipeline development.
- **Support First Nations-led models of OT service delivery**, strengthening community governance and local workforce pathways.
- **Commission services in thin markets**, including multidisciplinary outreach teams, rather than relying on fee-for-service viability.
- **Prioritise disadvantaged communities** (both urban and rural) for targeted investment.
- **Improve national allied health workforce data** to support evidence-based workforce planning.
- **Adopt a national health service access index** to guide equitable funding and infrastructure distribution.

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1. Why access to occupational therapy matters for rural and remote Australia

Access to occupational therapy (OT) is essential for many Australians to allow them to do things independently, participate in activities important to them, and to maintain their wellbeing [5].

OTs work with people to do the things that they need to do, want to do, or have to do, *in the places they need to do it* [6].

OTs need to see a person's environment because it affects how they do everyday activities. The home, school, or workplace environment can make tasks easier or harder [7]. For example, if someone uses a wheelchair, working alone or in liaison with an allied health assistant, the OT will need to see their house and school/ workplace to recommend adjustments like installing ramps or widening doorways so they can use it effectively [8]. Even if some of these environmental adjustments have already been made, the OT needs to see that the person can use any new equipment within the space every time there is an equipment update.

Also, it is much easier to learn how to do things in the place you normally do them. If an OT is teaching someone new skills or behaviours, they are much more likely to learn them quickly in the place they usually do them [9]. Think about cooking in someone else's kitchen - it is much harder because you are not as familiar with where the equipment is kept. It is the same with learning a new skill - it is often much easier in familiar places. While telehealth can be useful in some instances as an adjunct to face-to-face therapy, there are many aspects of OT practice which require in-person attendance[1].

This means that many OTs must travel to effectively do their job.

Currently there is significant maldistribution of OTs to cities in Australia. Despite the OT workforce increasing significantly in the past decade, the proportion of occupational therapists in rural areas has remained unchanged [3,10].

Even when compared to population numbers in rural areas, the maldistribution remained. In fact, compared to the number of people likely to need OT, such as people with disabilities, elderly people, or people with chronic health conditions, the proportions worsened, as there are higher proportions of these populations in rural and remote places [3].

Many rural and remote people are reliant on OT outreach services because there are not enough locally.

Geographic access refers to the ability of people to reach health services – or in the case of OTs, for health services to reach people within a reasonable travel time of distance[11]. How far is considered 'reasonable' is debatable, however, NDIS policy provides some guidance as travel reimbursement is capped at 30-minutes' drive in more metropolitan areas (Modified Monash (MM) levels 1-3) and 60 minutes' drive in rural and remote areas (MM4-7)[4].

However, recent changes to the NDIS travel policy for therapists, halved the maximum rate chargeable while travelling [4,12]. This may set a problematic precedent limiting access to OT for rural and remote communities. There has been a steep increase in the number of OT hours provided by private practice since the introduction of the NDIS [3]. The number of private practice OT hours provided overtook public health hours in 2018 and has continued to climb to outpace public health hours by 100 hours per week per 10,000 population [3]. This trend toward increasing levels of OT services delivered in private and non-government settings has reportedly contributed to higher than anticipated expenditure for services provided under the NDIS. While new programs in development, such as the Thriving Kids Initiative announced in 2025, are designed to rebalance market supply and demand, the underpinning issue of workforce maldistribution is felt across all rural and remote service settings, and by public, private and non-government service providers alike. Hence using geographic distance from an OT is a useful marker for service access regardless of the context or service type, whether that be disability services, aged care, early childhood early intervention or primary care.

Requiring businesses or solo private practitioners to carry the cost of travelling to provide outreach services, may disincentivise provision of outreach services, as businesses must still pay their OTs for this travel time or absorb such costs. This will likely create inequitable access to OT and may leave rural and remote people without essential supports.

Rural and remote people are at highest risk of losing access to OT services as travel costs may be too high for business to carry.

To understand the full implications of these policy changes, it is critical to examine how many Australians are affected by limited access to OT services. Quantifying the population living in areas where service delivery is constrained by distance from current providers, will provide evidence of the scale of inequity and highlight the urgent need for policy adjustments.

This analysis will demonstrate that the issue is not isolated but impacts thousands of individuals across rural and remote regions, highlighting a case for targeted funding and workforce strategies.

2. How we assessed access to OT services

To understand how easily people across Australia can reach an occupational therapist (OT) for in-person service provision, we looked at how long it takes OTs to drive to different population areas using the national road network. This gave us a clear picture of who has reasonable access to services and who is missing out.

2.1. Data sources used to assess OT availability:

We used two key data sources to assess OT availability.

2.2. Australian population data (ABS Census 2021)

The Australian Bureau of Statistics maps the population into small areas called Statistical Area Level 1 (SA1) units. Each SA1[13] usually contains 200–800 people and includes information about:

- number of residents
- age groups
- people who identify as First Nations
- people needing assistance with daily activities (disability)
- people reporting chronic or long-term health conditions

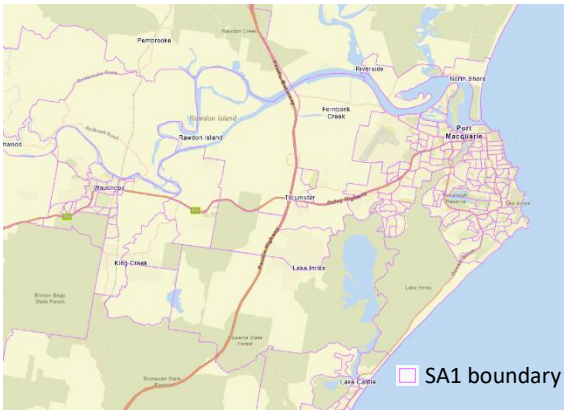


Figure 1: Example of Statistical Area 1 (SA1) areas overlaying a map of Port Macquarie and surrounds

This allowed us to understand the characteristics of populations living in each location (e.g. Figure 1).

2.3. Australian OT workforce locations (Ahpra 2024)

All Australian occupational therapists must register with the Australian Health Practitioners Regulation Agency (Ahpra) each year and provide data including the suburb or town where they work[14]. Ahpra supplied the work location (town/suburb name) of every registered OT in December 2024. Because of privacy rules, Ahpra only provides suburb/town names rather than exact addresses.

This dataset was provided to SARRAH at cost-recovery ($2,000 AUD) [14]. These locations were used as the starting points for our accessibility mapping.

2.4. How we measured access to OT services

We used two complementary methods to measure access:

- How far people are from their closest OT
- How much OT workforce capacity is available in their wider area

Together, these methods gave a more complete picture of service availability.

2.2.2 Measuring how far people are from their closest OT

Using ArcGIS Pro software[15], we mapped how long it would take to drive from the centre of each OT's suburb/town to the centre of each SA1 (Figure 2).

This allowed us to:

- identify the location of the OT closest to each SA1
- calculate how many Australians were more than 30-minutes' drive from any OT

This method showed whether there is *any* OT nearby, but could not show how many OTs a population can realistically access. In the results, a community with only one nearby OT appeared to have the same level of access as a community with several nearby OTs.

To address this limitation, we used a second method.

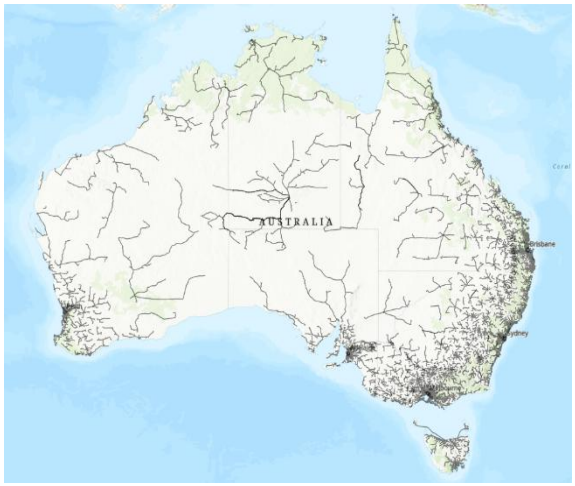


Figure 2: The road network was mapped between each SA1 centre point and the centre point of town with the closest OT.

2.2.3 Modelling OT workforce capacity and workforce reach

We used the Enhanced Two-Step Floating Catchment Area[16] (E2SFCA) method, a widely accepted approach in health workforce research.

E2SFCA[16] considers:

- **supply**: how many OTs are within a reasonable drive of each SA1
- **demand**: how many people may be competing for those OTs
- **distance decay**: closer OTs are more likely to be used than further-away ones
- **real drive times**: accounting for roads, terrain, rivers, and other physical barriers

This produces an accessibility index for each SA1, showing how well the local OT workforce can meet local needs.

Drive-time settings used: In line with NDIS travel rules[17]:

- **30-minute drive** for MM1–MM3 (metropolitan and regional areas)
- **60-minute drive** for MM4–MM7 (rural and remote areas)

2.2.3.1 Why E2SFCA[12] is useful:

- **It ignores artificial borders** - access is not limited by council, health district, or state boundaries. It counts any OT who can drive to the community.
- **It accounts for both supply and demand** - one OT in an area with thousands of potential clients is not equivalent to several OTs serving a smaller population.
- **It uses real travel routes** - distances are not "as the crow flies", roads, bridges, and terrain all matter.
- **It reflects changes in travel allowances** - access improves in some regional areas when the allowable travel time increases from 30 to 60-minutes[17].

2.2.3.2 What E2SFCA[16] analysis does not show:

Like all spatial models, E2SFCA[16] has limitations:

- It does not identify what **type of services** each OT provides (e.g. adult, paediatrics, NDIS, aged care) as Ahpra do not release this data[18].
- It does not measure **affordability, cultural safety, acceptability,** or **awareness** of services[19].
- It does not show **whether OTs are willing or able to travel** the full allowed distance, especially under reduced NDIS travel funding rules[19].
- It does not include **telehealth**[1] (which may or may not be clinically inappropriate for many OT services) or **fly-in-fly-out** outreach services [20].
- In remote areas, large SA1 boundaries may slightly over- or under-estimate travel times, though this has minimal impact given the very low populations and number of OTs in these locations.

Because of these limitations, our results should be interpreted as a conservative estimate of access.

In many places, access will be worse in reality than on paper.

2.2.4 Mapping the Accessibility Index

Once the accessibility index was calculated, each SA1 was mapped and linked to:

- state and territory borders
- Commonwealth electoral divisions (Appendix A)
- state electoral divisions (Appendix B)

This allowed us to show geographic access patterns across different decision-making boundaries without losing detail (Figure 3).

2.2.5 Interpreting the Accessibility Index

E2SFCA[16] produces a number between 0 and 1. To make the results easier to understand, we grouped the scores into **six categories**:

- **Nil access** (no OT within allowable travel time), and
- Levels of increasing access for all others (Levels 1-5).

These groupings make it easier to compare areas and clearly see where access is high, where it is moderate, and where it is very limited.

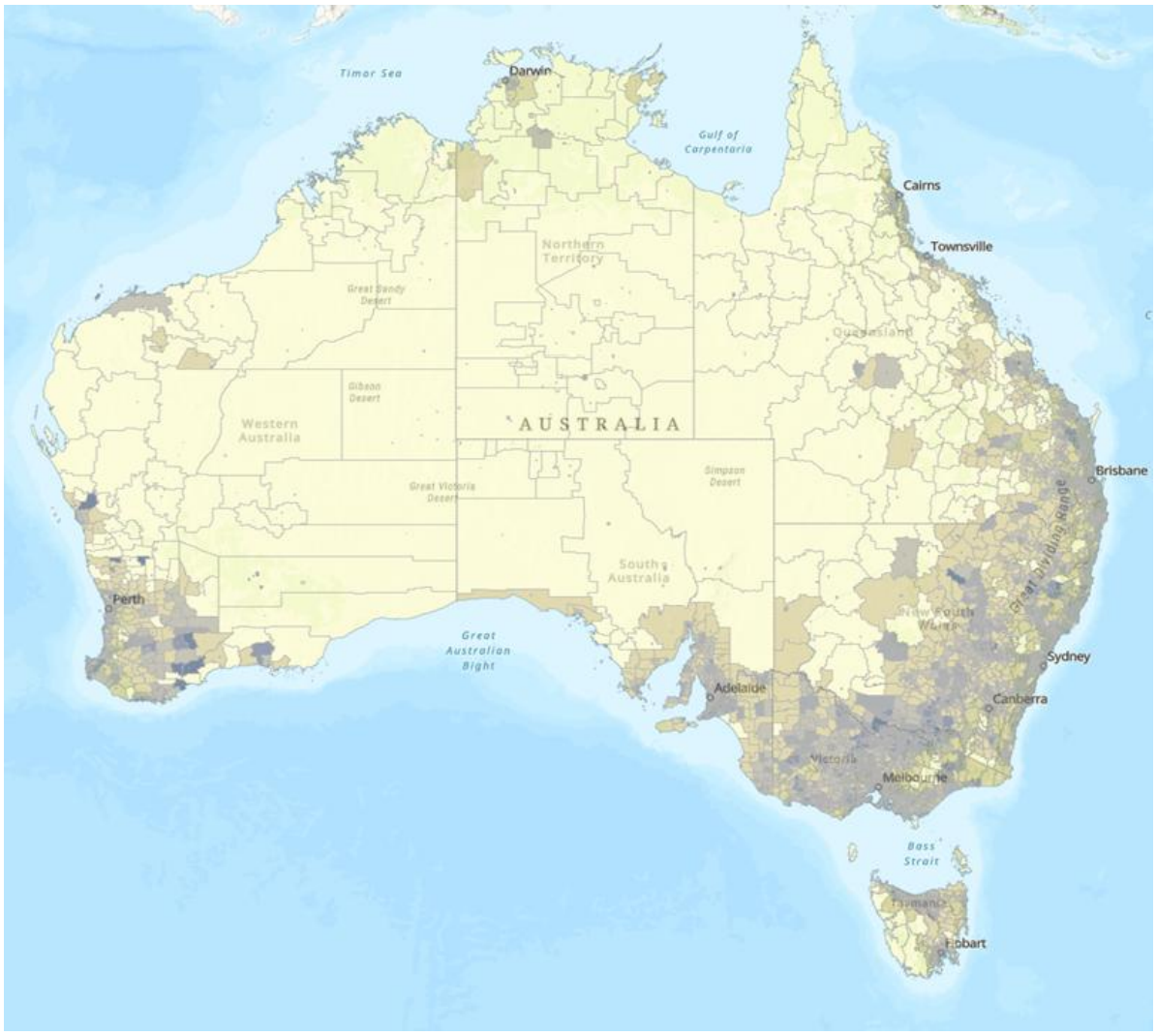


Figure 3: E2SFCA accessibility indexes were mapped to SA1 units and then linked to Australian, state/territory, and electoral borders.

The resultant 6 level comparative groupings used throughout this report are shown in Figure 4 with an example of the overlay on the map.

2.2.6 Example of accessibility index map

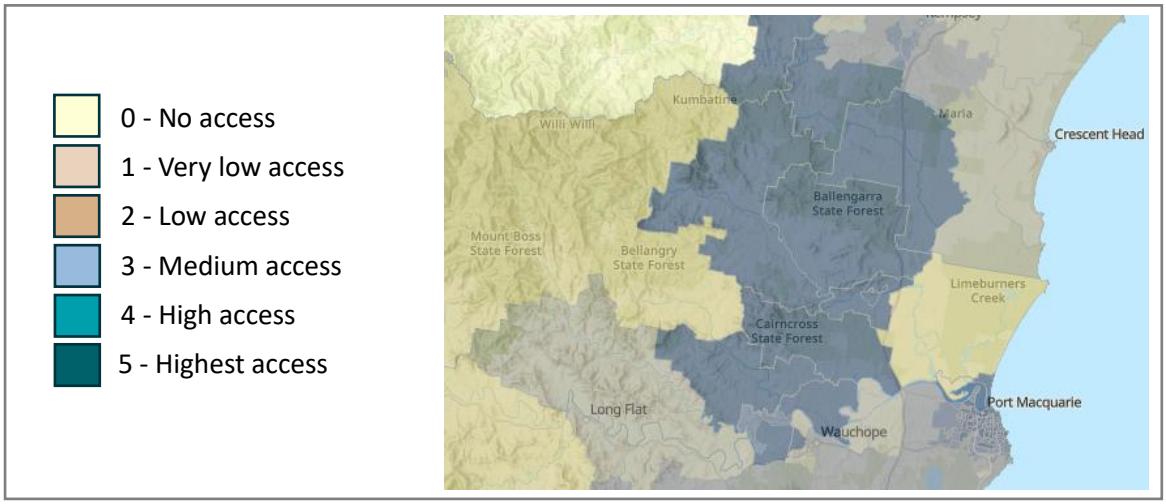


Figure 4: Example overlay of E2SFCA accessibility index symbology on map of Port Macquarie and surrounds.

As an example, this map demonstrates that the Port Macquarie town (MM3) had high access (blue), which decreased West toward Wauchope and North towards Crescent Head (beige and light beige).

The areas to the left of Wauchope and Limeburners creek again become blue (high access), as this is where the MM level changes from 3 to 4, and therefore 1 hour of travel is allowed for, rather than 30-minutes. There were also multiple OTs situated in Wauchope, Port Macquarie, and Kempsey, good road access, and smaller population sizes, meaning these SA1 areas had multiple OTs who could, theoretically, drive to them within one hour.

4. Where Australians are likely missing out on OT services

Analysis of drive-time from each SA1 to the closest occupational therapist demonstrated a substantial national access gap.

More than half a million (550,155) Australians lived more than 30-minutes' drive from any OT at all

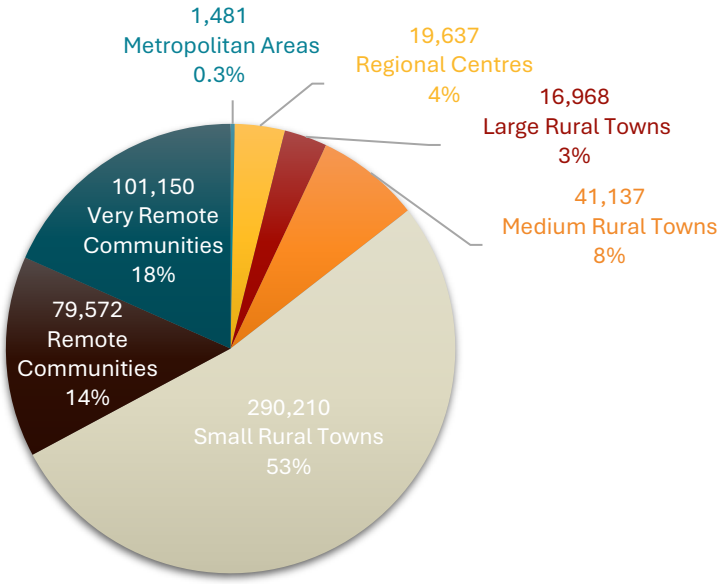
This means half a million Australians had no reasonable access to essential OT assessment, intervention, or capacity-building supports.

4.1. The impact on rural and remote communities

Access gaps overwhelmingly affected rural and remote Australia. Ninety-three percent of people without an OT within 30-minutes lived in MM4–MM7 locations: medium and small rural towns, remote communities, and very remote communities.

These findings directly aligned with concerns raised in the recent NDIS Annual Pricing Review[21], which noted that:

- market sustainability in rural and remote areas remains fragile
- pricing settings do not consistently ensure service availability across diverse regions
- providers face higher delivery costs, workforce shortages, and limited pipelines
- thin markets persist, particularly where travel is integral to service delivery



For many MM4–MM7 communities, NDIS participants may technically have had funded supports but no provider willing or able to travel to deliver them. Reductions in billable travel time for OTs intensify this risk. In practice, this may result in:

- prolonged delays for assessment and intervention
- unmet functional needs
- deteriorating health, independence, and participation
- widening inequity compared with metropolitan areas

In short, structural pricing constraints, combined with long distances, small populations, and workforce shortages, mean that reducing travel funding directly reduces access in rural and remote communities.

4.2. Who was most affected by limited OT Access

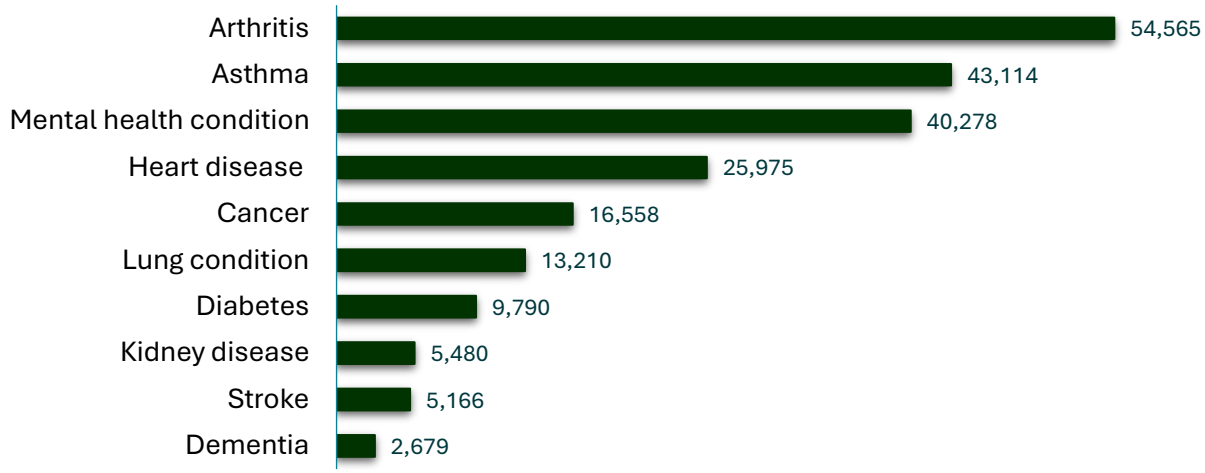
The people who lived more than 30-minutes from any OT included:

126,548	**Children**
29,917	Preschool age children
96,631	School age children
111,473	**Older adults (65+)**
88,311	**First Nations People**
53,625	**Unpaid carers**
29,549	**People with a disability requiring assistance**

These are groups with high demand for functional support, home modifications, assistive technology, school-based interventions, carer support, and chronic disease management[22], all of which depend on face-to-face OT availability.

4.3. People with chronic conditions

More than 273,000 people living beyond a 30-minute drive from an OT reported having one or more chronic health conditions.



For people with chronic conditions, OT services can significantly improve:

- self-care and daily functioning
- participation in community, work, and social roles
- safety at home
- physical and psychological wellbeing [22]

Without access to OT, people with chronic conditions face higher risks of:

- functional decline
- increased care needs
- avoidable hospitalisation
- reduced quality of life[22]

The absence of OT support therefore not only affects individuals but increases downstream costs for health, disability, and aged-care systems.

4.3 How socioeconomic disadvantage shapes access to OT services

Communities located more than 30-minutes' drive from an OT were also more likely to experience socioeconomic disadvantage which compounds barriers to accessing essential services.

4.3.1 Education levels and barriers to access

People living beyond 30-minutes from an OT were more likely to have lower formal education levels

- 41% had not completed Year 10, compared with 32% among those within 30-minutes' drive
- only 29% had completed Year 12, compared with 47% in areas with OT access within 30 minutes' drive

Lower education levels are closely associated with reduced access to health services and lower health literacy, which widens inequities in assessment, early intervention, and long-term functional outcomes [23].

4.3.2 Income and affordability barriers

Communities without nearby OT services were more likely to have lower incomes, limiting their ability to:

- travel long distances to access care
- pay co-payments
- privately fund therapist travel
- access private OT services when public capacity is limited

For example:

- 30% of people more than 30-minutes from an OT had incomes below the national median of $805 per week[24] compared to 26% of those within 30-minutes.
- They were significantly less likely to be in higher income brackets.

This means that people in these communities face both geographic and economic barriers, increasing the likelihood of unmet need.

Personal Weekly Income Bracket	Population more than 30-minutes from an OT		Population within 30-minutes of an OT	
	Count	% of total	Count	% of total
Negative or Nil	32,204	6%	1,780,223	7%
$1-$499	134,507	24%	4,683,664	19%
$500-$999	93,920	17%	4,524,327	18%
$1000-$1499	55,815	10%	3,207,523	13%
$1500-$1999	32,896	6%	2,100,239	8%
$2000-2999	22,553	4%	1,550,614	6%
$3000 or more	13,325	2%	1,001,746	4%

Table 1: Comparison of the personal weekly income of populations within and outside 30-minutes' drive from any OT in the 2021 Census

5. Spatial Accessibility of OT Services (E2SFCA Results + Interpretation)

This section summarises how access to occupational therapy varies across Australia, using a spatial accessibility model (E2SFCA) that considers where OTs are located, how far people must travel, and the level of workforce capacity available within realistic travel catchments. Examining access through different lenses, geography, rurality, key population groups, and socioeconomic status, provides a clear picture of who can reach services, who cannot, and where the system is under the greatest pressure.

Across all analyses, the results show a consistent pattern: access is uneven, strongly shaped by where people live, and deeply influenced by socioeconomic and demographic factors. These findings highlight significant structural inequities that require targeted policy responses.

5.1. National patterns of access

The national E2SFCA analysis shows that while most Australians had moderate to good access to OT services, a substantial minority did not.

More than 5.7 million Australians had low, very low, or no reasonable access at all within the standard travel parameters (a 30-minute drive in metropolitan and regional areas, and up to a 60-minute drive in rural and remote regions).

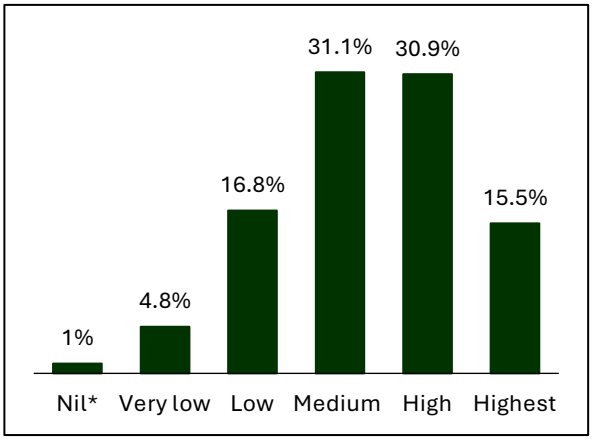


Figure 5: Patterns of access across Australia.
**Nil reasonable access (30-minutes MM1-3; 60-minutes MM4-7)*

This means that despite overall workforce growth, a large proportion of the population lives in areas where OT supply does not meet local need, often resulting in long wait times, discontinuity of care, and limited choice of providers.

Access is not distributed evenly across the country. Geographic differences, especially between urban, regional, and remote locations, remain one of the strongest predictors of whether a person can realistically reach an OT for timely, consistent care.

5.2. Differences across states and territories

Results showed substantial variation between states and territories, reflecting differences in population density, workforce distribution, and service models.

Key patterns include:

- **Australian Capital Territory (ACT) had the highest overall access**, with high OT availability and very few residents in low-access categories.
- **Victoria, New South Wales, and Western Australia showed relatively high access**, though with pockets of low availability in regional and rural areas.
- **Queensland and Tasmania had more pronounced access gaps**, with higher proportions of their population in the very low and low access groups.
- **Northern Territory faceed the most significant challenges**:
    - Nearly one in five NT residents had no access to an OT at all, far above any other jurisdiction.
    - Workforce shortages and vast distances drive profound access inequities.
- Other Territories revealed very high proportions with no access, but extremely small population numbers mean these results should be interpreted cautiously.

These differences reflect broader structural challenges including workforce retention, viability of rural service models, and the limited capacity of existing providers to travel or service large catchment areas.

State/Territory	OT Count	Percentage of MM population with OT access level:					
		Nil*	Very Low	Low	Medium	High	Highest
Australian Capital Territory *(n = 454,346)*	523	0.1%	0.6%	16.6%	33.9%	45.1%	3.6%
Queensland *(n = 5,156,235)*	6,587	1.9%	7.5%	17.5%	27.3%	26.3%	19.6%
New South Wales *(n = 8,072,460)*	8,797	0.3%	4.1%	18.3%	40.0%	31.2%	6.2%
Northern Territory *(n = 232,565)*	246	18.6%	4.9%	9.2%	19.8%	35.9%	11.7%
South Australia *(n = 1,781,541)*	2,527	1.1%	4.2%	15.9%	25.7%	27.8%	25.3%
Tasmania *(n = 557,573)*	444	2.1%	15.7%	30.0%	28.7%	18.6%	5.0%
Western Australia *(n = 2,659,794)*	4,509	2.0%	4.6%	12.4%	21.5%	24.5%	35.0%
Victoria *(n = 6,503,324)*	8,532	0.2%	3.0%	15.6%	28.7%	37.5%	15.0%
Other Territories^ *(n = 4791)*	2	58.4%	3.5%	9.9%	0.0%	28.2%	0.0%

*Table 2: OT access levels across Australian states and territories highlights substantial variation in OT access across jurisdictions. ^Data for "Other Territories" (Jervis Bay Territory, Christmas Island, Cocos (Keeling) Islands, and Norfolk Island) should be interpreted cautiously due to very small population numbers. *Nil reasonable access within the defined parameters of 30-minutes' drive MM1-3 or 60- minutes' drive MM4-7.*

5.3. Access in rural and remote Australia

Access declined sharply with increasing rurality.

- **Metropolitan areas (MM1)**: The vast majority of residents fell in the medium to high access categories, with virtually no one reporting no access.
- **Regional centres and larger rural towns (MM2–MM3)**: Access became more variable, with growing proportions of residents in low access categories.
- **Medium rural towns (MM4)** showed improved access due to expanded travel catchments in the model, but this is contingent on providers being willing and financially able to travel longer distances (1 hour rather than 30 minutes).
- **Small rural towns (MM5)**: Access declined again, with more people in the low and very low access categories.
- **Remote communities (MM6)**: Over 40% had very low or no reasonable access.
- **Very remote communities (MM7)**: Nearly two-thirds (64.1%; 125,530 people) had no OT access within 60-minutes' drive.

The rural–remote gradient likely reflects structural and spatial inequities that systematically disadvantage communities outside metropolitan centres [2]. These inequities arise from long-standing patterns of service centralisation, policy settings that assume urban service models, and funding structures that do not account for the geographic realities of dispersed populations. As a result, rural and remote communities bear the consequences of decisions made far from where they live; limited local services, long travel requirements for practitioners, and a workforce not configured for equitable reach.

Modified Monash Model Level		Percentage of MM population with OT access level:					
		Nil*	Very Low	Low	Medium	High	Highest
1	**Metropolitan** *(n = 18,160,510)*	0.01%	1.60%	14.70%	32.20%	33.90%	17.60%
2	**Regional Centre** *(n = 2,350,065)*	0.02%	15.40%	19.50%	21.40%	26.10%	17.50%
3	**Large Rural Towns** *(n = 1,624,634)*	0.04%	6.10%	28.50%	31.00%	25.50%	8.90%
4	**Medium Rural Towns** *(n = 976,986)*	0.00%	3.30%	13.80%	45.40%	31.70%	5.80%
5	**Small Rural Towns** *(n = 1,781,712)*	1.36%	19.10%	28.10%	30.20%	15.90%	5.40%
6	**Remote Communities** *(n = 279,975)*	19.70%	22.20%	10.40%	18.30%	21.90%	7.50%
7	**Very Remote Communities** *(n = 195,834)*	64.10%	9.60%	5.60%	5.60%	10.50%	4.50%
Australia		**1.0%**	**4.8%**	**16.8%**	**31.1%**	**30.9%**	**15.5%**

*Table 3: Metropolitan areas (MM1) showed the highest access, with most residents in the medium to high access categories and very few in the nil or very low categories. Access declined progressively with increasing rurality, with small rural towns (MM5) and remote communities (MM6) showing higher proportions of limited access. Very remote communities (MM7) had the most restricted access overall, with 64.1% of residents having nil OT access and only small proportions in the high or highest categories. *Nil reasonable access within the defined of 30-minutes' drive MM1-3 or 60- minutes' drive MM4-7.*

Importantly, although access gaps were proportionately larger in rural and remote areas, more than half of all Australians with poor access lived in metropolitan regions. This highlights that inequity is not confined to rurality alone; urban undersupply in disadvantaged suburbs also contributes to service gaps.

5.4. Access for priority population groups

Access was not equal across population groups.

- **First Nations communities had the lowest levels of access**, with 17.5% of the First Nations population in the nil or very low categories and fewer First Nations people national average in the high or highest categories.
  This reflects both geographic distribution (many communities located in MM6–MM7 regions) and structural service inequities.
- **Older Australians, children, people with disability, and unpaid carers showed similar access patterns to the overall population,** with most located in the medium to high access categories but substantial numbers still living in low-access areas.

Population	Percentage of population with OT access level:					
	Nil*	Very Low	Low	Medium	High	Highest
Australian First Nations Peoples *(n = 807,304)*	9.8%	7.7%	18.9%	29.3%	23.3%	11.1%
People 65+ years *(n = 4,371,778)*	0.8%	5.4%	16.1%	30.8%	31.7%	15.2%
People with a disability *(n = 1,463,835)*	0.7%	4.6%	16.4%	32.3%	31.6%	14.3%
Children *(n = 6,094,346)*	1.0%	4.9%	18.8%	33.0%	29.1%	13.2%
Unpaid Carers *(n = 2,476,445)*	0.8%	5.0%	17.0%	31.2%	30.9%	15.1%
Total Australian population *(n = 25,422,629)*	**1.0%**	**4.8%**	**16.8%**	**31.1%**	**30.9%**	**15.5%**

*Table 4: Australian First Nations peoples had the highest proportion of individuals with nil or very low access and the lowest proportion in the high-access categories compared with other groups. Older adults (65+ years), people with disability, children, and unpaid carers showed broadly similar patterns to the national distribution, with most people in the medium to high access categories. *Nil reasonable access within the defined parameters of 30-minutes' drive MM1-3 or 60- minutes' drive MM4-7.*

5.5. Access across socioeconomic levels

Across socioeconomic contexts, the data showed a consistent pattern:

Areas with the greatest socioeconomic disadvantage also had the poorest access to occupational therapy services.

In the most disadvantaged areas (IRSAD Decile 1), 9.3% of residents had nil or very low access, and only 34.8% had high or highest access. By comparison, in the most advantaged areas (Decile 10), just 1.5% of residents had limited access, and 60.7% had high or highest access.

These differences reflect spatially patterned inequities rather than characteristics of the communities themselves. Advantage and disadvantage were spatially organised in Australia, and service distribution follows this geography. With each step up the IRSAD scale, access improves, with each step down, access declines. The gradient observed in the data therefore showed that OT services were more available in places where social and economic resources were already concentrated, and less available where disadvantage is greatest.

Nationally, around half of Australians fell within the high or highest access categories, but this figure masks significant disparities. The data indicate a predictable and spatially structured inequity in service availability, where people in disadvantaged areas were systemically positioned further from essential OT services.

Index of Relative Socioeconomic Advantage and Disadvantage (IRSAD) Decile		Percentage of population with OT access level:					
		Nil*	Very Low	Low	Medium	High	Highest
1	**Highest relative disadvantage** (n= 2,313,118)	3.8%	5.5%	19.2%	36.7%	27.7%	7.1%
2	(n = 2,425,461)	0.9%	6.3%	18.9%	37.3%	27.9%	8.6%
3	(n = 2,475,969)	0.7%	6.8%	19.8%	35.7%	26.3%	10.7%
4	(n = 2,523,254)	0.8%	6.7%	20.7%	32.6%	26.0%	13.2%
5	(n = 2,545,187)	0.6%	6.1%	20.4%	32.0%	27.4%	13.5%
6	(n = 2,573,652)	0.5%	5.4%	18.0%	31.4%	28.9%	15.9%
7	(n = 2,605,305)	0.4%	4.1%	15.2%	30.1%	31.4%	18.8%
8	(n = 2,603,726)	0.2%	2.9%	13.7%	26.8%	35.5%	21.0%
9	(n = 2,620,166)	0.0%	2.2%	11.2%	24.9%	37.8%	23.9%
10	**Highest relative advantage** (n = 2,563,905)	0.0%	1.5%	12.3%	25.5%	39.8%	20.9%
Australia *(n = 25,422,629)*		**1.0%**	**4.8%**	**16.8%**	**31.1%**	**30.9%**	**15.5%**

*Table 5: Distribution of access levels across IRSAD deciles in Australia illustrates a clear socioeconomic gradient, with lower deciles (greater disadvantage) showing higher proportions of limited access and higher deciles (greater advantage) showing substantially greater access to occupational therapy services. *Nil reasonable access within the defined parameters of 30-minutes' drive MM1-3 or 60- minutes' drive MM4-7.*

These findings suggest that inequitable access to OT, while highly related to geography, also intersect with population types and socioeconomic disadvantage in ways that reflect how resources, services, and infrastructure have been unevenly distributed across the country.

Groups for whom OT services are essential appeared to be disproportionately affected because systems, funding models, and service structures have historically failed to ensure equitable provision across diverse social and geographic spaces. This is particularly clear in remote spaces where there are high proportions of First Nations Peoples and very low access to OT services.

6. Recommendations

The findings of this report demonstrate clear and predictable patterns of spatial inequity in access to in-person OT services across Australia. Large numbers of Australians, particularly those in rural and remote communities, areas of socioeconomic disadvantage, and First Nations communities, were structurally positioned far from essential services. These inequities were not the result of community characteristics, but reflect long-standing patterns of service centralisation, uneven workforce distribution, and funding models that do not account for the realities of distance, small populations, or market failure [2].

From a spatial justice perspective, improving access requires targeted, place-responsive strategies that recognise geographic disadvantage, redistribute resources, and correct the structural conditions that currently limit service availability[2].

Based on the evidence presented, the following recommendations are proposed.

6.1. Strengthen modelling of government program funding to reflect real geographic conditions

OT services frequently depend on in-person assessment and intervention, making travel unavoidable in many settings. Reduced travel reimbursement embedded in NDIS pricing in 2025[17], sets a concerning precedent, which disproportionately impacts rural and remote communities. Our data demonstrated that rural and remote communities were already disadvantaged based on 2024 OT workforce locations, prior to this change in policy.

We recommend:

- Geographic considerations are included when budgeting for OT services to reflect true costs of service delivery, such as rural outreach travel loadings or higher staffing ratios based on geographic spread, not just relative population counts
- Allowing flexible commissioning of OT services for communities where the market cannot sustain fee-for-service provision due to low population numbers.

6.2. Invest in a Rural and Remote Health Workforce Strategy

The data showed persistent undersupply across entire regions, particularly in MM5–MM7 communities and the Northern Territory. Addressing these long-standing gaps[3,25,26] require planned, programmatic investment.

We recommend:

A national OT workforce distribution plan targeting under-served regions which engages with underutilised World Health Organisation recommended strategies to improve rural workforce [27] including developing a rural OT and allied health workforce pipeline with strategies by:

- Raising the profile and career pathways and structures for rural health workers
- Increasing enrolment of rural origin students in health degrees
- Locating more allied health education facilities and training programs in rural areas in a similar model to rural health schools for medical students
- Aligning allied health education programs with rural health needs
- Introducing new postgraduate programs to support occupational therapists transitioning to work in rural and remote locations
- Integrating allied health rural generalist training into national rural health strategies
- Acknowledging rural generalist occupational therapy as a specialist field of practice
- Incentivising occupational therapists to complete rural generalist training through formal recognition and certification, linking completion of training with employment benefits
- Improving living conditions and infrastructure in rural and remote places where relevant, for existing residents and potential future workforce

6.3. Support First Nations-led OT service models

The data clearly showed that First Nations communities experience some of the lowest levels of OT access nationwide. Improving access requires Indigenous leadership and control combined with government investment [28].

We recommend:

- Investment in First Nations-led OT programs delivered through the Aboriginal Community Controlled Health sector [28]
- Strengthening the First Nations allied health workforce pipeline, including OT-specific education scholarships and supported placements[29].
- Flexible commissioning that enables local governance and culturally grounded service models [28].

6.4. Improve access for socioeconomically disadvantaged communities, in both rural and metropolitan areas

Over half of Australians with poor OT access live in metropolitan areas, often in suburbs marked by socioeconomic disadvantage. Spatial injustice affects both rural and urban populations [2,30].

We recommend:

- Workforce incentives and targeted funding to attract, retain, and sustain OT service provision in IRSAD Decile 1–5 communities [31]. These could include wage loading or salary supplementation, higher caps on service fees, and relocation and housing assistance[27].
- Commissioned services in locations where commercial viability is low despite high need (thin markets).

6.5.Commission services in thin markets where fee-for-service models fail

Many regions appear to have been unable to sustain market-driven service models - particularly in rural and remote places[3,25]. Our data showed that at least 64% of residents in very remote communities (MM7) had no access to an OT within current parameters. Given the apparent market failure across most health services[3,25], fee-for-service markets are unlikely to meet the needs of these communities.

We recommend:

- Minimum service guarantees for remote communities.
- Commissioning multidisciplinary outreach teams (OT, speech pathology, physiotherapy, psychology) with block funding from regional hubs.
- Embedding outreach within long-term funding cycles rather than short-term program grants.
- Ensuring travel, cultural safety, and community engagement are built into funding models.

6.6.Strengthen national data on allied health service availability

Several limitations in available datasets (e.g., lack of service type, capacity, telehealth data) create barriers to accurate planning[32].

We recommend:

- Improved availability of anonymised service-type data for OTs from Ahpra and the Department of Health.
- National collection of real-time workforce capacity and service availability.
- Integration of allied health access metrics into routine health and disability system reporting.

6.7. Embed an Health Service Access Index in workforce and funding decisions

The E2SFCA[16] analysis provides a defensible, evidence-based framework for understanding geographic access. A national health service accessibility index would allow governments to allocate resources transparently and equitably.

We recommend:

- Adoption of a standardised health service access index based on E2SFCA supply and demand data.
- Prioritisation of areas with low access scores for workforce incentives, commissioning, and infrastructure investment.
- Annual reporting on progress in reducing geographic inequities.

7. References

1. Chagnon M, Levasseur M, Boissy P. Telehealth interventions in occupational therapy with older adults: Results from a scoping review targeting better health promotion. *Australian occupational therapy journal*. 2024;71(1):190-208. doi:10.1111/1440-1630.12910
2. Hayes K, Coxon C, Bye R. Regional, rural, and remote healthcare: The case for spatial justice. *Rural & Remote Health*. 2025;25(1):8580. doi:10.22605/RRH8580
3. Hayes K, Bye R, Thyer E, McDonald S, Coxon K. Rural Workforce Drought: The persistent maldistribution of the Australian occupational therapy workforce (2013-2021). *Australian Journal of Rural Health*. 2025;33(5):e70101. doi:10.1111/ajr.70101
4. National Disability Insurance Agency. *NDIS Pricing Arangement and Price Limits 2025-2026*. 2025. https://www.ndis.gov.au/providers/pricing-arrangements
5. Brown T, Bourke-Taylor HM, Isbel S, Cordier R, Gustafsson L. An introduction to occupational therapy in an Australian context. . *Occupational Therapy in Australia: Professional and Practice Issues*. 2nd ed. Taylor & Francis; 2021.
6. World Federation of Occupational Therapists. *Definitions of occupational therapy from member organisations*. 2013. https://www.wfot.org/resources/definitions-of-occupational-therapy-from-member-organisations
7. Bowyer P, Munoz L, Tiongco CG, et al. Occupational therapy, cancer, and occupation-centred practice: impact of training in the model of human occupation. *Australian Occupational Therapy Journal*. 2020;doi:10.1111/1440-1630.12687
8. Wellecke C, D'Cruz K, Winkler D, et al. Accessible design features and home modifications to improve physical housing accessibility: A mixed-methods survey of occupational therapists. *Disability and health journal*. 2022;15(3):101281.
9. Dunn W, Cox J, Foster L, Mische-Lawson L, Tanquary J. Impact of a Contextual Intervention on Child Participation and Parent Competence Among Children With Autism Spectrum Disorders: A Pretest–Posttest Repeated-Measures Design. *The American journal of occupational therapy*. 2012;66(5):520-528. doi:10.5014/ajot.2012.004119
10. Australian Government Department of Health and Aged Care. Occupational therapists: Distribution by MMM: Headcount. https://hwd.health.gov.au/alld-dashboards/index.html
11. Wood SM, Alston L, Beks H, et al. The application of spatial measures to analyse health service accessibility in Australia: a systematic review and recommendations for future practice. *BMC Health Services Research*. 2023/04/01 2023;23(1):330. doi:10.1186/s12913-023-09342-6
12. National Disability Insurance Agency. *Pricing review*. 2025. https://www.ndis.gov.au/providers/pricing-arrangements/making-pricing-decisions/annual-pricing-review#the-2024-2025-annual-pricing-review-apr-report-is-now-available
13. Australian Bureau of Statistics. Statistical Area Level 1 (SA1). https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/1270.0.55.001~July%202016~Main%20Features~Statistical%20Area%20Level%201%20(SA1)~10013
14. Australian Health Practitioner Regulation Agency. External data request guidelines. 2021. https://www.ahpra.gov.au/documents/default.aspx?record=WD21%2f30806&dbid=AP&chksum=rQE8uAderbJ7st63tkgtDw%3d%3d
15. Esri. About ArcGIS | Mapping & Analytics Software and Services. @Esri. https://www.esri.com/en-us/arcgis/about-arcgis/overview
16. Luo W, Qi Y. An enhanced two-step floating catchment area (E2SFCA) method for measuring spatial accessibility to primary care physicians. *Health Place*. Dec 2009;15(4):1100-7. doi:10.1016/j.healthplace.2009.06.002
17. National Disability Insurance Agency. *Pricing arrangements and price limits 2025-26*. 2025.
18. Australian Health Practitioner Regulation Agency. Data not publicly available? https://www.ahpra.gov.au/About-Ahpra/What-We-Do/Data-access-and-research/Data-not-publicly-available.aspx#policy
19. Levesque J-F, Harris MF, Russell G. Patient-centred access to health care: conceptualising access at the interface of health systems and populations. *International journal for equity in health*. 2013;12(1):18-18. doi:10.1186/1475-9276-12-18
20. Campbell N, Roseleur J, Karnon J, et al. A Cost Comparison From a Health Service Perspective of Three Allied Health Models of Care for Remote Australia: Student-Assisted Services, Fly-In Fly-Out Services and

Services Provided by a Resident Clinician. *Australian Journal of Rural Health*. 2025;33(3):e70012. doi:10.1111/ajr.70012
21. Anthony S, Henderson G, Ben-David R. *Independent pricing committee: Final pricing report 2025*. 2025. Accessed 17/06/2025. https://www.ndis.gov.au/providers/pricing-arrangements/making-pricing-decisions/independent-pricing-committee
22. Hand C, Law M, McColl MA. Occupational Therapy Interventions for Chronic Diseases: A Scoping Review. *The American journal of occupational therapy*. 2011;65(4):428-436. doi:10.5014/ajot.2011.002071
23. Shahid R, Shoker M, Chu LM, Frehlick R, Ward H, Pahwa P. Impact of low health literacy on patients' health outcomes: a multicenter cohort study. *BMC health services research*. 2022;22(1):1148.
24. Australian Bureau of Statistics. Income and work: Census. Accessed 19/06/2025, https://www.abs.gov.au/statistics/labour/earnings-and-working-conditions/income-and-work-census/latest-release
25. Cortie CH, Garne D, Parker-Newlyn L, et al. The Australian health workforce: Disproportionate shortfalls in small rural towns. *Australian Journal of Rural Health*. 2024/06/01 2024;32(3):538-546. doi:10.1111/ajr.13121
26. Yisma E, Versace VL, Jones M, et al. The distribution of registered occupational therapists, physiotherapists, and podiatrists in Australia. *Plos One*. 2023;18(9):e0291962. doi:10.1371/journal.pone.0291962
27. World Health Organization. *WHO guideline on health workforce development, attraction, recruitment and retention in rural and remote areas*. 2021. https://www.who.int/publications/i/item/9789240024229
28. Pearson O, Schwartzkopff K, Dawson A, et al. Aboriginal community controlled health organisations address health equity through action on the social determinants of health of Aboriginal and Torres Strait Islander peoples in Australia. *BMC Public Health*. 2020/12/04 2020;20(1):1859. doi:10.1186/s12889-020-09943-4
29. Ridoutt L, Standford D, Blingault I, Denmasi K, Lew Fatt E. *Career Pathways for the Aboriginal and Torres Strait Islander Health Workforce: Secondary Data Workforce Report*. 2020.
30. Soja EW. *Seeking spatial justice*. University of Minnesota Press; 2010.
31. Witter S, Hamza MM, Alazemi N, Alluhidan M, Alghaith T, Herbst CH. Human resources for health interventions in high-and middle-income countries: findings of an evidence review. *Human Resources for Health*. 2020;18(1):43.
32. Jesus TS, Landry MD, Hoenig H. Global Need for Physical Rehabilitation: Systematic Analysis from the Global Burden of Disease Study 2017. *International Journal of Environmental Research and Public Health*. 2019;16(6):980.

Appendix A: OT Access Levels by Commonwealth Electoral Divisions

Commonwealth Electoral Division	OT Count	Percentage of population with OT access level:					
		Nil*	Very Low	Low	Medium	High	Highest
Adelaide	677	0.0%	0.0%	0.0%	0.3%	17.6%	82.1%
Aston	224	0.0%	0.3%	4.4%	39.9%	55.4%	0.0%
Ballarat	197	0.0%	3.2%	13.3%	18.9%	50.4%	14.2%
Banks	122	0.0%	0.0%	16.8%	60.7%	22.5%	0.0%
Barker	124	0.4%	14.5%	26.5%	37.9%	19.7%	1.0%
Barton	191	0.0%	0.0%	0.3%	42.8%	56.9%	0.0%
Bass	122	0.3%	12.0%	14.8%	33.2%	34.1%	5.8%
Bean	123	1.5%	1.6%	20.6%	35.6%	38.6%	2.1%
Bendigo	317	0.0%	1.4%	5.5%	16.3%	33.3%	43.5%
Bennelong	326	0.2%	0.0%	0.5%	20.6%	78.1%	0.6%
Berowra	186	0.0%	12.7%	27.0%	39.9%	20.4%	0.0%
Blair	172	0.0%	15.5%	33.1%	32.7%	18.6%	0.1%
Blaxland	70	0.0%	0.0%	6.5%	67.5%	26.0%	0.0%
Bonner	216	0.2%	0.0%	2.7%	32.2%	41.2%	23.7%
Boothby	464	0.0%	0.0%	0.1%	1.9%	19.3%	78.8%
Bowman	148	3.9%	1.5%	29.0%	53.0%	12.2%	0.5%
Braddon	62	6.1%	9.1%	55.5%	24.8%	4.5%	0.0%
Bradfield	293	0.0%	0.2%	5.0%	40.5%	53.8%	0.6%
Brand	146	0.5%	0.6%	28.5%	47.8%	22.6%	0.0%
Brisbane	575	0.0%	0.0%	0.0%	0.2%	7.2%	92.5%
Bruce	248	0.0%	0.0%	11.4%	49.3%	39.3%	0.0%
Bullwinkel	123	0.0%	9.3%	30.8%	35.5%	23.6%	0.8%
Burt	103	0.0%	0.6%	16.7%	51.1%	31.2%	0.4%
Calare	173	0.2%	5.8%	20.1%	42.6%	22.3%	9.0%
Calwell	120	0.0%	8.0%	56.4%	25.6%	10.0%	0.0%
Canberra	303	0.0%	0.1%	0.3%	14.6%	75.9%	9.1%
Canning	98	0.0%	14.2%	42.8%	36.7%	6.3%	0.0%
Capricornia	136	5.3%	12.0%	21.1%	23.7%	30.0%	7.8%
Casey	110	0.0%	10.7%	51.3%	37.7%	0.3%	0.0%
Chifley	63	0.0%	0.0%	47.4%	52.0%	0.6%	0.0%
Chisholm	205	0.0%	0.0%	0.0%	1.4%	79.9%	18.6%
Clark	185	0.0%	1.1%	17.2%	28.3%	34.3%	19.2%
Cook	216	0.0%	1.9%	19.0%	54.5%	24.6%	0.0%
Cooper	247	0.0%	0.0%	0.0%	8.2%	50.9%	40.9%
Corangamite	216	0.3%	0.0%	1.8%	20.0%	31.0%	46.9%
Corio	533	0.0%	1.0%	1.7%	10.4%	17.5%	69.3%
Cowan	235	0.0%	0.0%	0.0%	13.4%	44.4%	42.1%
Cowper	271	0.1%	5.0%	10.1%	25.0%	33.4%	26.3%
Cunningham	255	0.0%	1.2%	6.2%	28.5%	57.7%	6.4%
Curtin	773	0.0%	0.0%	0.3%	0.2%	8.0%	91.5%
Dawson	166	2.1%	8.5%	20.2%	33.5%	18.8%	16.9%
Deakin	315	0.0%	0.0%	1.1%	26.7%	67.5%	4.7%

Commonwealth Electoral Division	OT Count	Percentage of population with OT access level:					
		Nil*	Very Low	Low	Medium	High	Highest
Dickson	131	0.0%	2.1%	23.0%	49.6%	25.0%	0.3%
Dobell	178	0.0%	0.1%	15.2%	41.1%	37.3%	6.2%
Dunkley	293	0.0%	0.0%	3.6%	49.8%	42.8%	3.8%
Durack	181	16.8%	15.0%	10.4%	19.9%	24.5%	13.3%
Eden-Monaro	93	0.5%	18.5%	36.1%	35.3%	8.8%	0.8%
Fadden	127	0.3%	4.2%	21.3%	44.2%	27.8%	2.3%
Fairfax	342	0.0%	1.0%	3.3%	12.7%	33.5%	49.6%
Farrer	248	2.1%	15.6%	21.5%	13.7%	15.9%	31.1%
Fenner	97	0.0%	0.1%	27.5%	49.7%	22.6%	0.0%
Fisher	339	0.0%	3.8%	7.6%	14.7%	21.6%	52.4%
Flinders	180	0.0%	3.3%	26.4%	45.7%	22.9%	1.6%
Flynn	61	6.0%	31.3%	32.5%	26.8%	3.1%	0.2%
Forde	116	0.0%	5.0%	50.3%	40.6%	4.1%	0.0%
Forrest	243	0.0%	3.7%	15.1%	23.5%	25.9%	31.7%
Fowler	204	0.0%	0.0%	6.6%	85.7%	7.7%	0.0%
Franklin	50	1.3%	10.1%	31.9%	38.6%	18.0%	0.0%
Fraser	301	0.0%	0.0%	0.4%	21.8%	75.5%	2.3%
Fremantle	304	0.1%	0.0%	0.1%	9.6%	48.9%	41.2%
Gellibrand	107	0.0%	4.2%	30.3%	57.8%	7.6%	0.0%
Gilmore	153	0.0%	3.2%	20.6%	52.1%	22.4%	1.8%
Gippsland	150	0.0%	5.2%	19.5%	55.5%	19.7%	0.2%
Goldstein	236	0.0%	0.0%	0.2%	28.0%	71.1%	0.6%
Gorton	106	0.0%	0.0%	20.8%	71.2%	8.0%	0.0%
Grayndler	167	0.0%	0.0%	0.0%	21.7%	78.3%	0.0%
Greenway	70	0.0%	0.7%	45.4%	49.0%	5.0%	0.0%
Grey	122	8.6%	16.1%	30.8%	17.1%	25.3%	2.1%
Griffith	594	0.0%	0.0%	0.0%	0.2%	14.2%	85.6%
Groom	199	0.0%	3.2%	16.2%	32.8%	41.9%	5.8%
Hasluck	180	0.0%	8.2%	19.4%	19.5%	36.6%	16.2%
Hawke	109	0.2%	12.2%	73.0%	12.3%	2.3%	0.0%
Herbert	395	1.3%	1.4%	5.2%	13.6%	19.4%	59.2%
Hindmarsh	230	0.0%	0.2%	4.4%	17.8%	47.7%	29.9%
Hinkler	170	0.0%	6.7%	22.8%	26.7%	39.9%	3.9%
Holt	70	0.0%	1.9%	34.3%	61.7%	2.1%	0.0%
Hotham	260	0.0%	0.0%	0.0%	4.1%	92.7%	3.2%
Hughes	125	0.0%	5.0%	64.3%	30.1%	0.6%	0.0%
Hume	169	0.0%	11.1%	21.3%	45.2%	17.5%	4.9%
Hunter	158	0.0%	6.1%	35.6%	20.0%	36.2%	2.2%
Indi	199	0.1%	5.8%	15.6%	22.2%	33.8%	22.4%
Isaacs	205	0.0%	0.0%	0.5%	33.0%	66.4%	0.0%
Jagajaga	398	0.0%	0.0%	8.3%	32.4%	53.7%	5.6%
Kennedy	107	8.7%	18.1%	31.1%	35.4%	6.2%	0.5%
Kingsford Smith	267	0.0%	0.0%	2.7%	36.3%	61.0%	0.0%
Kingston	112	0.0%	1.5%	18.6%	60.1%	19.0%	0.8%
Kooyong	319	0.0%	0.0%	0.0%	0.0%	42.0%	58.0%
La Trobe	86	0.0%	10.8%	55.4%	30.1%	3.8%	0.0%
Lalor	160	0.0%	2.3%	46.9%	48.0%	2.8%	0.0%

Commonwealth Electoral Division	OT Count	Percentage of population with OT access level:					
		Nil*	Very Low	Low	Medium	High	Highest
Leichhardt	150	11.7%	3.4%	17.8%	25.4%	20.1%	21.6%
Lilley	299	0.0%	0.3%	0.5%	5.7%	51.2%	42.4%
Lindsay	210	0.0%	1.4%	27.7%	50.2%	20.7%	0.0%
Lingiari	84	33.3%	9.4%	15.9%	14.7%	26.3%	0.4%
Longman	111	0.0%	21.5%	32.7%	44.7%	1.1%	0.0%
Lyne	121	0.0%	5.6%	32.7%	30.0%	25.6%	6.1%
Lyons	24	1.6%	44.8%	31.2%	19.6%	2.8%	0.0%
Macarthur	195	0.0%	0.3%	28.4%	64.3%	7.0%	0.0%
Mackellar	153	0.0%	8.8%	34.2%	53.5%	3.5%	0.0%
Macnamara	257	0.0%	0.0%	0.0%	0.8%	54.4%	44.8%
Macquarie	137	0.4%	18.5%	38.1%	34.1%	8.9%	0.0%
Makin	137	0.0%	1.6%	8.7%	40.6%	49.1%	0.0%
Mallee	151	0.0%	7.5%	25.5%	35.3%	30.1%	1.6%
Maranoa	109	9.4%	19.9%	16.6%	34.2%	17.5%	2.4%
Maribyrnong	191	0.0%	0.0%	1.1%	18.6%	62.1%	18.3%
Mayo	152	0.0%	9.1%	37.5%	32.4%	18.2%	2.7%
McEwen	74	0.0%	24.6%	29.7%	35.1%	9.5%	1.1%
McMahon	138	0.0%	0.0%	13.5%	71.8%	14.7%	0.0%
McPherson	362	0.0%	0.0%	2.2%	9.4%	55.5%	32.9%
Melbourne	846	0.0%	0.0%	0.0%	0.0%	7.5%	92.5%
Menzies	273	0.0%	0.0%	1.2%	5.0%	74.0%	19.8%
Mitchell	201	0.0%	1.5%	31.2%	50.4%	16.9%	0.0%
Monash	131	0.0%	6.7%	21.0%	26.3%	40.3%	5.7%
Moncrieff	282	0.0%	0.0%	0.4%	5.9%	73.5%	20.2%
Moore	338	0.0%	0.0%	0.4%	4.4%	54.8%	40.5%
Moreton	267	0.0%	0.0%	0.0%	7.1%	60.8%	32.1%
New England	148	0.5%	13.5%	21.1%	42.6%	16.8%	5.5%
Newcastle	512	0.0%	0.1%	0.0%	2.4%	9.8%	87.7%
Nicholls	155	0.0%	2.7%	13.3%	50.8%	32.7%	0.4%
O'Connor	162	6.2%	17.1%	21.6%	25.0%	18.0%	12.1%
Oxley	146	0.0%	0.9%	23.2%	49.6%	25.7%	0.6%
Page	162	0.3%	7.5%	15.8%	43.7%	31.5%	1.0%
Parkes	134	2.6%	18.5%	18.9%	41.1%	15.0%	3.9%
Parramatta	310	0.0%	0.0%	0.4%	38.9%	60.7%	0.0%
Paterson	187	0.0%	4.6%	10.3%	39.8%	39.1%	6.2%
Pearce	135	0.0%	4.5%	20.2%	61.1%	13.9%	0.3%
Perth	593	0.0%	0.0%	0.0%	0.3%	1.4%	98.3%
Petrie	217	0.0%	1.9%	8.9%	49.1%	38.8%	1.3%
Rankin	170	0.0%	3.1%	24.6%	35.6%	36.4%	0.3%
Reid	238	0.0%	0.0%	5.2%	26.2%	68.7%	0.0%
Richmond	239	0.0%	0.5%	11.7%	26.0%	41.1%	20.8%
Riverina	152	0.0%	10.8%	32.3%	25.2%	25.8%	5.9%
Robertson	230	0.0%	1.1%	9.2%	28.8%	43.4%	17.4%
Ryan	260	0.0%	0.6%	11.8%	23.3%	34.2%	30.0%
Scullin	166	0.0%	3.6%	8.0%	58.6%	29.8%	0.0%
Shortland	232	0.0%	7.9%	18.2%	5.4%	22.7%	45.8%
Solomon	164	0.0%	0.0%	2.1%	25.7%	48.1%	24.1%

Commonwealth Electoral Division	OT Count	Percentage of population with OT access level:					
		Nil*	Very Low	Low	Medium	High	Highest
Spence	195	0.0%	0.9%	35.5%	45.9%	17.7%	0.0%
Sturt	311	0.0%	0.0%	0.2%	8.2%	45.2%	46.4%
Swan	485	0.0%	0.0%	0.0%	0.0%	16.4%	83.6%
Sydney	367	0.2%	0.0%	0.0%	6.8%	85.9%	7.1%
Tangney	410	0.0%	0.0%	0.0%	2.8%	18.2%	78.9%
Wannon	164	0.0%	5.8%	23.3%	30.7%	27.7%	12.5%
Warringah	216	0.0%	0.3%	3.7%	50.3%	45.1%	0.6%
Watson	138	0.0%	0.0%	3.9%	60.6%	35.5%	0.0%
Wentworth	191	0.0%	0.2%	5.6%	37.3%	55.8%	1.1%
Werriwa	73	0.0%	0.8%	48.3%	48.4%	2.5%	0.0%
Whitlam	111	0.0%	3.9%	32.0%	58.2%	5.9%	0.0%
Wide Bay	116	0.1%	22.7%	39.5%	28.5%	4.1%	5.1%
Wills	213	0.0%	0.0%	0.0%	6.6%	56.0%	37.4%
Wright	103	0.0%	38.3%	23.8%	26.5%	11.4%	0.0%

Appendix B: OT Access by State Electoral Divisions

New South Wales

State Electoral Division	OT Count	Percentage of population with OT access level:					
		Nil*	Very Low	Low	Medium	High	Highest
Albury	200	0.0%	4.1%	1.9%	9.6%	22.0%	62.4%
Auburn	76	0.0%	0.0%	8.0%	66.3%	25.7%	0.0%
Badgerys Creek	32	0.0%	3.7%	45.6%	48.2%	2.5%	0.0%
Ballina	121	0.0%	0.0%	2.9%	19.0%	41.4%	36.6%
Balmain	110	0.0%	0.0%	0.0%	13.0%	86.3%	0.8%
Bankstown	80	0.0%	0.0%	0.0%	48.4%	51.6%	0.0%
Barwon	39	6.4%	34.0%	18.6%	28.8%	11.5%	0.8%
Bathurst	51	0.4%	8.4%	27.5%	51.3%	11.9%	0.4%
Bega	54	0.0%	18.6%	22.6%	45.5%	11.7%	1.6%
Blacktown	95	0.0%	0.0%	11.2%	73.5%	15.3%	0.0%
Blue Mountains	98	0.0%	2.6%	27.5%	53.8%	16.0%	0.0%
Cabramatta	33	0.0%	0.0%	11.3%	88.7%	0.0%	0.0%
Camden	159	0.0%	0.0%	13.6%	69.1%	17.0%	0.2%
Campbelltown	128	0.0%	0.5%	37.6%	51.4%	10.5%	0.0%
Canterbury	61	0.0%	0.0%	0.9%	68.3%	30.8%	0.0%
Castle Hill	95	0.0%	8.4%	28.1%	50.1%	13.4%	0.0%
Cessnock	74	0.0%	8.6%	40.7%	12.6%	35.3%	2.9%
Charlestown	274	0.0%	0.0%	0.0%	0.0%	8.8%	91.2%
Clarence	63	0.5%	9.9%	10.1%	44.4%	33.6%	1.5%
Coffs Harbour	126	0.0%	1.0%	15.2%	17.4%	50.6%	15.7%
Coogee	220	0.0%	0.0%	0.7%	31.5%	67.8%	0.0%
Cootamundra	41	0.0%	16.6%	48.2%	31.9%	3.2%	0.0%
Cronulla	116	0.0%	3.7%	30.5%	54.4%	11.4%	0.0%
Davidson	52	0.0%	0.9%	12.8%	55.0%	31.2%	0.0%
Drummoyne	125	0.0%	0.0%	11.3%	14.7%	74.0%	0.0%
Dubbo	87	0.0%	5.2%	13.1%	48.0%	26.0%	7.7%
East Hills	53	0.0%	0.0%	20.4%	77.0%	2.5%	0.0%
Epping	61	0.0%	0.0%	4.5%	51.8%	43.6%	0.0%
Fairfield	35	0.0%	0.0%	3.6%	95.0%	1.4%	0.0%
Gosford	140	0.0%	1.4%	6.5%	30.6%	33.5%	28.0%
Goulburn	46	0.0%	11.0%	30.6%	53.5%	4.9%	0.0%
Granville	27	0.0%	0.0%	3.0%	53.3%	43.7%	0.0%
Hawkesbury	57	0.8%	37.2%	57.2%	4.8%	0.0%	0.0%
Heathcote	89	0.0%	7.1%	50.4%	33.3%	9.3%	0.0%
Heffron	65	0.0%	0.0%	0.0%	7.5%	92.5%	0.0%
Holsworthy	46	0.1%	0.7%	30.2%	61.1%	7.8%	0.0%
Hornsby	105	0.0%	16.0%	34.7%	43.6%	5.8%	0.0%
Keira	53	0.0%	0.0%	3.5%	32.1%	63.9%	0.6%
Kellyville	96	0.0%	3.7%	51.6%	39.5%	5.2%	0.0%
Kiama	44	0.0%	5.2%	48.3%	27.1%	18.7%	0.7%
Kogarah	129	0.0%	0.0%	0.0%	28.5%	71.5%	0.0%
Lake Macquarie	106	0.0%	1.5%	27.8%	31.5%	27.9%	11.3%
Lane Cove	175	0.5%	0.0%	0.0%	18.6%	79.5%	1.4%
Leppington	53	0.0%	1.1%	33.0%	65.9%	0.0%	0.0%

State Electoral Division	OT Count	Percentage of population with OT access level:					
		Nil*	Very Low	Low	Medium	High	Highest
Lismore	74	0.3%	10.2%	24.4%	39.5%	23.0%	2.6%
Liverpool	132	0.0%	0.3%	47.8%	41.6%	10.3%	0.0%
Londonderry	31	0.0%	1.3%	35.5%	57.5%	5.7%	0.0%
Macquarie Fields	44	0.0%	3.6%	57.4%	36.3%	2.7%	0.0%
Maitland	140	0.0%	0.0%	1.5%	39.0%	49.0%	10.4%
Manly	86	0.0%	0.0%	10.0%	83.2%	6.9%	0.0%
Maroubra	71	0.0%	0.0%	5.6%	48.3%	46.1%	0.0%
Miranda	112	0.0%	0.7%	25.9%	45.0%	28.4%	0.0%
Monaro	44	1.0%	16.1%	36.2%	36.4%	10.3%	0.0%
Mount Druitt	32	0.0%	0.0%	55.0%	43.9%	1.0%	0.0%
Murray	44	4.2%	24.2%	41.3%	18.0%	10.5%	2.0%
Myall Lakes	78	0.0%	5.0%	36.3%	26.4%	24.0%	8.4%
Newcastle	257	0.0%	0.0%	0.0%	3.1%	5.4%	91.5%
Newtown	143	0.0%	0.0%	0.0%	2.0%	98.0%	0.0%
North Shore	95	0.0%	0.4%	0.5%	21.8%	75.5%	1.8%
Northern Tablelands	48	0.5%	17.3%	36.2%	37.1%	8.2%	0.7%
Oatley	77	0.0%	0.0%	20.7%	54.9%	24.3%	0.0%
Orange	116	0.0%	4.1%	9.5%	37.5%	30.7%	18.2%
Oxley	53	0.3%	9.6%	23.5%	39.3%	13.8%	13.5%
Parramatta	264	0.0%	0.0%	0.5%	37.1%	62.5%	0.0%
Penrith	188	0.0%	0.0%	12.2%	52.1%	35.7%	0.0%
Pittwater	61	0.0%	17.3%	45.4%	37.3%	0.0%	0.0%
Port Macquarie	136	0.6%	0.7%	10.3%	20.8%	37.1%	30.5%
Port Stephens	44	0.0%	12.0%	27.8%	38.9%	20.3%	0.9%
Prospect	68	0.0%	0.0%	5.9%	68.1%	26.0%	0.0%
Riverstone	45	0.0%	0.0%	60.7%	39.3%	0.0%	0.0%
Rockdale	49	0.0%	0.0%	0.3%	45.5%	54.2%	0.0%
Ryde	139	0.0%	0.0%	1.0%	25.8%	73.2%	0.0%
Shellharbour	53	0.0%	2.1%	29.2%	67.9%	0.8%	0.0%
South Coast	86	0.0%	1.7%	15.7%	56.6%	23.0%	3.0%
Strathfield	79	0.0%	0.0%	0.0%	32.4%	67.6%	0.0%
Summer Hill	59	0.0%	0.0%	0.0%	30.1%	69.9%	0.0%
Swansea	48	0.0%	16.1%	36.9%	10.9%	30.0%	6.0%
Sydney	252	0.0%	0.0%	0.0%	4.8%	78.7%	16.5%
Tamworth	89	0.6%	5.9%	15.6%	39.5%	27.5%	10.9%
Terrigal	94	0.0%	0.7%	11.7%	31.8%	50.8%	4.9%
The Entrance	94	0.0%	0.0%	5.3%	32.4%	48.7%	13.5%
Tweed	127	0.0%	0.0%	13.8%	35.5%	45.9%	4.8%
Upper Hunter	54	0.0%	11.9%	16.0%	43.5%	27.1%	1.5%
Vaucluse	58	0.0%	0.5%	11.4%	55.6%	32.5%	0.0%
Wagga Wagga	108	0.0%	5.8%	15.8%	15.7%	50.0%	12.7%
Wahroonga	88	0.0%	0.0%	7.8%	57.5%	34.8%	0.0%
Wakehurst	97	0.0%	2.9%	21.0%	68.8%	7.3%	0.0%
Wallsend	129	0.0%	0.3%	0.0%	5.1%	22.3%	72.3%
Willoughby	226	0.0%	0.0%	0.9%	9.0%	89.4%	0.8%
Winston Hills	81	0.0%	0.0%	6.6%	62.2%	31.2%	0.0%
Wollondilly	69	0.0%	22.5%	23.2%	19.4%	25.9%	9.0%
Wollongong	161	0.0%	0.0%	0.7%	27.0%	58.5%	13.8%
Wyong	80	0.0%	0.3%	25.6%	45.7%	28.4%	0.0%

Victoria

State Electoral Division	OT Count	Percentage of population with OT access level:					
		Nil*	Very Low	Low	Medium	High	Highest
Albert Park (Southern Metropolitan)	74	0.0%	0.0%	0.0%	1.8%	62.1%	36.1%
Ashwood (Southern Metropolitan)	111	0.0%	0.0%	0.0%	0.0%	87.8%	12.2%
Bass (Eastern Victoria)	62	0.0%	11.2%	28.6%	27.6%	25.3%	7.3%
Bayswater (North-Eastern Metropolitan)	125	0.0%	0.0%	2.1%	30.8%	67.1%	0.0%
Bellarine (Western Victoria)	72	0.5%	0.0%	2.7%	37.1%	32.4%	27.4%
Benambra (Northern Victoria)	100	0.0%	0.4%	4.6%	13.7%	46.6%	34.6%
Bendigo East (Northern Victoria)	94	0.0%	2.2%	3.9%	6.0%	28.4%	59.5%
Bendigo West (Northern Victoria)	204	0.0%	0.6%	6.5%	20.8%	33.2%	39.0%
Bentleigh (Southern Metropolitan)	154	0.0%	0.0%	0.0%	0.4%	99.6%	0.0%
Berwick (South-Eastern Metropolitan)	63	0.0%	0.8%	30.4%	66.4%	2.4%	0.0%
Box Hill (North-Eastern Metropolitan)	181	0.0%	0.0%	0.0%	0.0%	73.9%	26.1%
Brighton (Southern Metropolitan)	70	0.0%	0.0%	0.0%	18.1%	81.9%	0.0%
Broadmeadows (Northern Metropolitan)	102	0.0%	0.0%	0.4%	30.0%	69.6%	0.0%
Brunswick (Northern Metropolitan)	94	0.0%	0.0%	0.0%	0.0%	26.2%	73.8%
Bulleen (North-Eastern Metropolitan)	57	0.0%	0.0%	0.6%	2.4%	76.8%	20.3%
Bundoora (North-Eastern Metropolitan)	155	0.0%	0.0%	7.5%	35.3%	57.2%	0.0%
Carrum (South-Eastern Metropolitan)	64	0.0%	0.0%	6.5%	70.0%	23.4%	0.0%
Caulfield (Southern Metropolitan)	237	0.0%	0.0%	0.0%	0.0%	64.4%	35.6%
Clarinda (South-Eastern Metropolitan)	70	0.0%	0.0%	0.0%	18.9%	81.1%	0.0%
Cranbourne (South-Eastern Metropolitan)	55	0.0%	0.4%	39.0%	59.8%	0.7%	0.0%
Croydon (North-Eastern Metropolitan)	52	0.0%	0.0%	2.5%	70.2%	27.3%	0.0%
Dandenong (South-Eastern Metropolitan)	121	0.0%	0.0%	0.0%	12.4%	87.6%	0.0%
Eildon (Northern Victoria)	30	0.0%	36.0%	49.6%	13.7%	0.7%	0.0%
Eltham (North-Eastern Metropolitan)	59	0.0%	0.0%	14.2%	67.6%	18.2%	0.0%
Essendon (Northern Metropolitan)	120	0.0%	0.0%	0.0%	3.3%	67.8%	28.8%
Eureka (Western Victoria)	49	0.5%	11.0%	36.9%	9.6%	35.5%	6.5%
Euroa (Northern Victoria)	38	0.0%	4.0%	19.9%	50.8%	25.3%	0.0%
Evelyn (Eastern Victoria)	51	0.0%	1.6%	46.1%	52.2%	0.0%	0.0%
Footscray (Western Metropolitan)	122	0.0%	0.0%	0.0%	3.5%	90.6%	5.8%
Frankston (South-Eastern Metropolitan)	210	0.0%	0.0%	1.1%	24.4%	65.1%	9.4%
Geelong (Western Victoria)	399	0.0%	0.5%	0.2%	8.6%	3.9%	86.7%
Gippsland East (Eastern Victoria)	54	0.0%	5.3%	18.6%	60.9%	14.8%	0.4%
Gippsland South (Eastern Victoria)	49	0.0%	2.1%	16.8%	56.6%	24.5%	0.0%
Glen Waverley (North-Eastern Metropolitan)	156	0.0%	0.0%	0.0%	3.8%	94.8%	1.5%
Greenvale (Northern Metropolitan)	31	0.0%	4.3%	51.2%	43.3%	1.2%	0.0%
Hastings (Eastern Victoria)	45	0.0%	4.4%	35.6%	49.6%	10.4%	0.0%
Hawthorn (Southern Metropolitan)	150	0.0%	0.0%	0.0%	0.0%	45.4%	54.6%
Ivanhoe (North-Eastern Metropolitan)	199	0.0%	0.0%	0.5%	2.5%	83.2%	13.8%
Kalkallo (Northern Metropolitan)	32	0.0%	28.4%	71.2%	0.4%	0.0%	0.0%
Kew (Southern Metropolitan)	119	0.0%	0.0%	0.0%	0.0%	52.3%	47.7%
Kororoit (Western Metropolitan)	80	0.0%	0.0%	20.4%	73.4%	6.1%	0.0%
Lara (Western Victoria)	110	0.0%	1.3%	3.4%	16.0%	31.9%	47.4%
Laverton (Western Metropolitan)	97	0.0%	0.0%	9.0%	64.1%	26.8%	0.0%
Lowan (Western Victoria)	63	0.1%	12.8%	11.6%	33.4%	41.6%	0.5%
Macedon (Northern Victoria)	47	0.0%	9.6%	32.4%	13.8%	39.9%	4.4%

State Electoral Division	OT Count	Percentage of population with OT access level:					
		Nil*	Very Low	Low	Medium	High	Highest
Malvern (Southern Metropolitan)	76	0.0%	0.0%	0.0%	0.0%	29.3%	70.7%
Melbourne (Northern Metropolitan)	550	0.0%	0.0%	0.0%	0.0%	3.9%	96.1%
Melton (Western Victoria)	46	0.0%	13.1%	74.3%	12.6%	0.0%	0.0%
Mildura (Northern Victoria)	59	0.0%	10.5%	31.9%	30.3%	24.5%	2.8%
Mill Park (North-Eastern Metropolitan)	136	0.0%	0.0%	3.7%	76.8%	19.5%	0.0%
Monbulk (Eastern Victoria)	65	0.0%	5.6%	67.9%	25.6%	0.9%	0.0%
Mordialloc (South-Eastern Metropolitan)	70	0.0%	0.0%	1.7%	56.0%	42.3%	0.0%
Mornington (Eastern Victoria)	105	0.0%	0.0%	1.5%	31.4%	63.0%	4.0%
Morwell (Eastern Victoria)	72	0.0%	13.1%	32.8%	38.1%	16.1%	0.0%
Mulgrave (South-Eastern Metropolitan)	48	0.0%	0.0%	0.0%	6.6%	93.4%	0.0%
Murray Plains (Northern Victoria)	67	0.0%	2.2%	8.6%	58.1%	31.1%	0.0%
Narracan (Eastern Victoria)	61	0.1%	12.0%	11.0%	10.6%	61.1%	5.2%
Narre Warren North (South-Eastern Metro)	84	0.0%	0.0%	7.4%	65.2%	27.4%	0.0%
Narre Warren South (South-Eastern Metro)	19	0.0%	0.0%	29.9%	66.8%	3.3%	0.0%
Nepean (Eastern Victoria)	44	0.0%	4.2%	30.7%	65.1%	0.0%	0.0%
Niddrie (Western Metropolitan)	54	0.0%	0.0%	2.6%	32.5%	64.8%	0.0%
Northcote (Northern Metropolitan)	122	0.0%	0.0%	0.0%	0.0%	23.9%	76.1%
Oakleigh (Southern Metropolitan)	173	0.0%	0.0%	0.0%	1.6%	91.3%	7.0%
Ovens Valley (Northern Victoria)	90	0.3%	2.5%	13.0%	32.2%	33.0%	18.9%
Pakenham (Eastern Victoria)	53	0.0%	7.0%	73.2%	19.9%	0.0%	0.0%
Pascoe Vale (Northern Metropolitan)	92	0.0%	0.0%	0.0%	0.0%	80.3%	19.7%
Point Cook (Western Metropolitan)	33	0.0%	10.1%	46.6%	43.3%	0.0%	0.0%
Polwarth (Western Victoria)	95	0.0%	3.0%	19.8%	32.1%	30.7%	14.4%
Prahran (Southern Metropolitan)	100	0.0%	0.0%	0.0%	0.0%	24.7%	75.3%
Preston (Northern Metropolitan)	112	0.0%	0.0%	0.0%	16.8%	71.5%	11.7%
Richmond (Northern Metropolitan)	225	0.0%	0.0%	0.0%	0.0%	5.4%	94.6%
Ringwood (North-Eastern Metropolitan)	153	0.0%	0.0%	0.0%	1.0%	89.5%	9.6%
Ripon (Western Victoria)	40	0.0%	5.5%	35.1%	44.4%	14.9%	0.0%
Rowville (South-Eastern Metropolitan)	63	0.0%	0.8%	4.6%	40.3%	54.4%	0.0%
Sandringham (Southern Metropolitan)	40	0.0%	0.0%	0.5%	65.3%	34.2%	0.0%
Shepparton (Northern Victoria)	89	0.0%	3.0%	13.2%	38.5%	44.3%	1.0%
South Barwon (Western Victoria)	111	0.0%	0.0%	0.5%	1.9%	13.5%	84.0%
South-West Coast (Western Victoria)	90	0.0%	0.9%	23.6%	19.9%	33.9%	21.8%
St Albans (Western Metropolitan)	105	0.0%	0.0%	0.0%	37.9%	62.1%	0.0%
Sunbury (Western Metropolitan)	52	0.0%	5.7%	55.2%	31.8%	7.3%	0.0%
Sydenham (Western Metropolitan)	30	0.0%	0.0%	32.9%	64.0%	3.1%	0.0%
Tarneit (Western Metropolitan)	42	0.0%	0.5%	41.7%	57.8%	0.0%	0.0%
Thomastown (Northern Metropolitan)	28	0.0%	8.0%	13.7%	46.2%	32.2%	0.0%
Warrandyte (North-Eastern Metropolitan)	83	0.0%	0.0%	12.2%	38.1%	48.2%	1.5%
Wendouree (Western Victoria)	143	0.0%	0.0%	0.0%	8.1%	66.4%	25.5%
Werribee (Western Metropolitan)	119	0.0%	3.9%	53.1%	37.1%	5.9%	0.0%
Williamstown (Western Metropolitan)	47	0.0%	0.0%	15.3%	50.3%	34.4%	0.0%
Yan Yean (Northern Victoria)	19	0.0%	19.2%	18.7%	60.0%	2.0%	0.0%

Queensland

State Electoral Division	OT Count	Percentage of population with OT access level:					
		Nil*	Very Low	Low	Medium	High	Highest
Algester	47	0.0%	1.1%	14.5%	69.3%	15.0%	0.0%
Aspley	51	0.0%	0.0%	0.7%	7.8%	77.4%	14.1%
Bancroft	85	0.0%	3.5%	22.0%	65.1%	8.5%	0.9%
Barron River	30	0.0%	5.3%	36.6%	47.6%	9.5%	1.1%
Bonney	41	0.0%	0.0%	0.0%	13.4%	71.9%	14.6%
Broadwater	21	1.3%	7.4%	23.2%	59.0%	9.0%	0.0%
Buderim	160	0.0%	0.0%	0.0%	0.0%	12.0%	88.0%
Bulimba	113	0.0%	0.0%	0.0%	0.7%	38.7%	60.6%
Bundaberg	91	0.0%	0.0%	0.0%	10.9%	77.1%	12.0%
Bundamba	22	0.0%	3.6%	32.8%	56.9%	6.7%	0.0%
Burdekin	34	14.8%	25.2%	25.8%	31.7%	2.2%	0.2%
Burleigh	124	0.0%	0.0%	0.0%	0.0%	54.4%	45.6%
Burnett	21	0.0%	26.4%	37.9%	20.3%	15.4%	0.0%
Cairns	97	0.0%	0.0%	0.0%	1.8%	37.5%	60.8%
Callide	14	9.2%	51.3%	12.6%	24.5%	2.3%	0.0%
Caloundra	63	0.0%	2.5%	8.9%	25.4%	46.5%	16.7%
Capalaba	31	0.0%	0.0%	2.9%	75.1%	21.9%	0.0%
Chatsworth	22	0.0%	0.0%	0.0%	16.5%	58.2%	25.3%
Clayfield	86	0.0%	0.0%	0.0%	0.2%	12.2%	87.6%
Condamine	17	0.0%	9.4%	48.5%	36.7%	5.5%	0.0%
Cook	21	40.9%	7.8%	21.9%	24.3%	5.1%	0.0%
Coomera	65	0.0%	8.1%	53.3%	34.6%	3.9%	0.0%
Cooper	116	0.0%	0.1%	0.7%	22.4%	17.4%	59.4%
Currumbin	96	0.0%	0.0%	5.7%	17.6%	52.8%	23.9%
Everton	43	0.0%	0.9%	10.7%	30.1%	51.5%	6.8%
Ferny Grove	70	0.0%	0.0%	12.4%	35.7%	30.8%	21.1%
Gaven	42	0.0%	0.0%	2.5%	33.3%	61.4%	2.8%
Gladstone	32	0.0%	3.6%	65.3%	28.6%	2.5%	0.0%
Glass House	23	0.0%	29.8%	33.7%	15.2%	6.5%	14.9%
Greenslopes	158	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Gregory	24	21.1%	27.3%	6.7%	35.3%	0.5%	9.1%
Gympie	47	0.0%	35.2%	29.2%	23.9%	2.9%	8.8%
Hervey Bay	56	0.3%	0.0%	24.7%	43.9%	31.1%	0.0%
Hill	33	1.4%	13.0%	47.4%	25.9%	12.3%	0.0%
Hinchinbrook	21	0.0%	20.2%	19.9%	43.0%	15.4%	1.4%
Inala	49	0.0%	1.2%	18.0%	43.7%	37.0%	0.0%
Ipswich	134	0.0%	1.4%	11.2%	34.0%	53.0%	0.5%
Ipswich West	15	0.0%	14.7%	37.0%	38.7%	9.6%	0.0%
Jordan	39	0.0%	32.2%	48.5%	19.3%	0.0%	0.0%
Kawana	186	0.0%	0.0%	0.0%	0.0%	9.2%	90.8%
Keppel	21	0.0%	7.5%	30.8%	39.0%	17.6%	5.1%
Kurwongbah	38	0.0%	4.6%	37.1%	57.7%	0.5%	0.0%
Lockyer	8	0.0%	19.0%	20.6%	50.8%	9.7%	0.0%
Logan	21	0.0%	42.7%	50.4%	6.9%	0.0%	0.0%
Lytton	52	0.0%	0.0%	6.0%	74.1%	18.9%	1.0%
Macalister	58	0.0%	1.7%	43.5%	52.6%	2.2%	0.0%

State Electoral Division	OT Count	Percentage of population with OT access level:					
		Nil*	Very Low	Low	Medium	High	Highest
Mackay	98	0.0%	0.0%	7.6%	30.2%	41.9%	20.3%
Maiwar	149	0.0%	0.0%	0.0%	6.6%	27.7%	65.7%
Mansfield	94	0.0%	0.0%	1.9%	6.4%	46.2%	45.5%
Maroochydore	115	0.0%	0.0%	0.0%	5.4%	29.2%	65.4%
Maryborough	24	0.0%	22.6%	53.4%	20.4%	3.6%	0.0%
McConnel	348	0.0%	0.0%	0.0%	0.6%	4.3%	95.1%
Mermaid Beach	34	0.0%	0.0%	0.0%	0.0%	69.8%	30.2%
Miller	74	0.0%	0.0%	0.0%	2.8%	37.9%	59.3%
Mirani	19	2.2%	16.1%	30.7%	31.0%	15.6%	4.3%
Moggill	55	0.0%	5.8%	34.7%	23.3%	32.6%	3.6%
Morayfield	65	0.0%	0.0%	31.7%	66.6%	1.7%	0.0%
Mount Ommaney	59	0.0%	0.0%	0.9%	37.6%	59.4%	2.1%
Mudgeeraba	179	0.0%	3.1%	6.3%	29.3%	49.4%	11.9%
Mulgrave	39	0.0%	22.7%	23.0%	38.3%	13.7%	2.3%
Mundingburra	207	0.0%	0.0%	0.0%	0.5%	18.3%	81.2%
Murrumba	32	0.0%	2.2%	4.0%	52.5%	41.4%	0.0%
Nanango	17	1.7%	43.8%	27.7%	24.8%	1.3%	0.7%
Nicklin	78	0.0%	3.7%	14.4%	27.5%	37.0%	17.4%
Ninderry	72	0.0%	0.0%	1.9%	25.0%	37.3%	35.7%
Noosa	43	0.0%	8.5%	42.2%	39.0%	6.5%	3.8%
Nudgee	76	0.0%	0.0%	0.8%	7.1%	48.7%	43.4%
Oodgeroo	89	4.8%	0.0%	24.6%	52.4%	18.1%	0.0%
Pine Rivers	55	0.0%	4.6%	40.7%	49.6%	5.1%	0.0%
Pumicestone	9	0.0%	54.9%	27.9%	17.2%	0.0%	0.0%
Redcliffe	65	0.6%	0.0%	8.1%	67.5%	23.8%	0.0%
Redlands	25	7.4%	1.5%	50.9%	38.6%	0.0%	1.6%
Rockhampton	97	0.0%	0.5%	10.3%	16.8%	57.5%	14.9%
Sandgate	77	0.0%	0.0%	0.0%	18.3%	81.7%	0.0%
Scenic Rim	21	0.0%	42.9%	22.1%	16.0%	19.1%	0.0%
South Brisbane	371	0.0%	0.0%	0.0%	0.0%	0.6%	99.4%
Southern Downs	37	0.6%	15.5%	18.7%	49.8%	15.4%	0.0%
Southport	216	0.0%	0.0%	0.0%	1.2%	52.7%	46.1%
Springwood	68	0.0%	3.9%	14.5%	29.8%	51.9%	0.0%
Stafford	165	0.0%	0.8%	0.0%	0.0%	7.1%	92.1%
Stretton	40	0.0%	0.0%	2.5%	31.3%	66.2%	0.0%
Surfers Paradise	20	0.0%	0.0%	0.0%	9.0%	88.4%	2.5%
Theodore	17	0.0%	2.1%	44.5%	43.4%	10.0%	0.0%
Thuringowa	69	0.2%	0.0%	1.9%	10.7%	25.5%	61.6%
Toohey	137	0.0%	0.0%	0.0%	1.4%	61.3%	37.3%
Toowoomba North	106	0.0%	0.0%	4.1%	21.2%	64.0%	10.6%
Toowoomba South	77	0.0%	0.0%	0.0%	41.5%	52.3%	6.2%
Townsville	127	4.3%	0.0%	0.1%	4.0%	14.8%	76.7%
Traeger	23	27.7%	3.9%	21.0%	46.4%	0.0%	0.9%
Warrego	39	23.3%	19.5%	4.0%	12.9%	40.3%	0.0%
Waterford	67	0.0%	0.0%	21.7%	40.5%	37.0%	0.8%
Whitsunday	24	5.7%	18.8%	36.5%	37.9%	0.8%	0.3%
Woodridge	30	0.0%	6.9%	49.5%	19.8%	23.8%	0.0%

South Australia

State Electoral Division	OT Count	Percentage of population with OT access level:					
		Nil*	Very Low	Low	Medium	High	Highest
Adelaide	322	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Badcoe	50	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Black	21	0.0%	0.6%	19.0%	45.3%	31.6%	3.4%
Bragg	98	0.0%	0.0%	0.0%	5.0%	25.5%	69.5%
Chaffey	25	0.6%	23.4%	19.1%	40.0%	15.8%	1.1%
Cheltenham	86	0.0%	0.0%	0.0%	1.2%	50.0%	48.8%
Colton	52	0.0%	0.0%	0.0%	5.9%	75.5%	18.6%
Croydon	26	0.0%	0.0%	0.0%	0.0%	30.2%	69.8%
Davenport	132	0.0%	0.0%	9.9%	47.0%	29.7%	13.3%
Dunstan	88	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Elder	147	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Elizabeth	62	0.0%	0.0%	27.9%	43.7%	28.3%	0.0%
Enfield	72	0.0%	0.0%	0.9%	7.7%	50.2%	41.3%
Finniss	26	0.0%	8.8%	34.9%	35.4%	17.5%	3.4%
Flinders	33	13.5%	23.2%	6.2%	9.7%	38.9%	8.5%
Florey	37	0.0%	0.0%	0.0%	14.5%	85.5%	0.0%
Frome	18	0.0%	34.5%	23.2%	25.6%	15.1%	1.6%
Gibson	82	0.0%	0.0%	0.0%	0.0%	15.7%	84.3%
Giles	18	24.6%	1.8%	47.1%	24.2%	2.2%	0.0%
Hammond	37	0.0%	3.8%	13.4%	39.5%	36.1%	7.2%
Hartley	55	0.0%	0.0%	0.0%	2.7%	65.5%	31.8%
Heysen	33	0.0%	7.2%	31.8%	49.4%	8.4%	3.3%
Hurtle Vale	10	0.0%	0.0%	8.4%	80.0%	11.5%	0.0%
Kaurna	43	0.0%	3.5%	43.8%	44.1%	8.7%	0.0%
Kavel	48	0.0%	4.3%	36.9%	41.5%	17.3%	0.0%
King	11	0.0%	7.8%	30.7%	48.9%	12.7%	0.0%
Lee	29	0.0%	0.0%	0.0%	32.4%	63.4%	4.2%
Light	36	0.0%	1.3%	49.8%	49.0%	0.0%	0.0%
Mackillop	20	1.4%	23.7%	32.0%	37.7%	5.1%	0.0%
Mawson	27	0.0%	14.0%	65.4%	7.7%	13.0%	0.0%
Morialta	31	0.0%	0.0%	0.9%	35.4%	63.7%	0.0%
Morphett	51	0.0%	0.0%	0.0%	0.0%	23.7%	76.3%
Mount Gambier	24	0.0%	2.4%	46.9%	46.1%	4.7%	0.0%
Narungga	23	0.0%	15.0%	38.6%	18.7%	27.7%	0.0%
Newland	76	0.0%	0.0%	6.8%	53.6%	39.6%	0.0%
Playford	8	0.0%	0.0%	3.8%	55.7%	40.4%	0.0%
Port Adelaide	36	0.0%	0.8%	20.7%	47.0%	31.6%	0.0%
Ramsay	76	0.0%	0.0%	17.8%	46.6%	35.6%	0.0%
Reynell	26	0.0%	0.7%	0.0%	66.7%	32.6%	0.0%
Schubert	35	0.0%	17.4%	18.4%	8.9%	52.4%	3.0%
Stuart	30	2.9%	8.7%	36.8%	11.9%	39.7%	0.0%
Taylor	14	0.0%	2.4%	64.8%	30.0%	2.8%	0.0%
Torrens	24	0.0%	0.0%	0.0%	0.0%	73.2%	26.8%
Unley	121	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Waite	54	0.0%	0.0%	7.4%	18.0%	38.7%	35.9%
West Torrens	142	0.0%	0.0%	0.0%	0.0%	2.8%	97.2%
Wright	9	0.0%	0.0%	0.0%	57.6%	42.4%	0.0%

Western Australia

State Electoral Division	OT Count	Percentage of population with OT access level:					
		Nil*	Very Low	Low	Medium	High	Highest
Albany	76	0.0%	4.7%	9.7%	21.7%	30.0%	33.9%
Armadale	47	0.0%	0.0%	17.5%	78.5%	4.0%	0.0%
Balcatta	155	0.0%	0.0%	0.0%	0.0%	1.9%	98.1%
Baldivis	37	0.0%	2.2%	44.5%	35.0%	18.4%	0.0%
Bassendean	57	0.0%	0.0%	0.8%	8.4%	59.6%	31.1%
Bateman	103	0.0%	0.0%	0.0%	0.0%	1.0%	99.0%
Belmont	86	0.0%	0.0%	2.0%	1.7%	19.4%	76.9%
Bibra Lake	211	0.0%	0.0%	0.0%	1.0%	34.8%	64.2%
Bicton	94	0.0%	0.0%	0.0%	0.0%	7.5%	92.5%
Bunbury	105	0.0%	0.0%	2.9%	14.4%	36.3%	46.3%
Butler	36	0.0%	14.6%	40.0%	45.4%	0.0%	0.0%
Cannington	71	0.0%	0.0%	0.0%	0.9%	54.3%	44.8%
Carine	69	0.0%	0.0%	0.0%	0.0%	35.9%	64.1%
Central Wheatbelt	20	9.8%	36.0%	19.8%	16.4%	18.1%	0.0%
Churchlands	233	0.0%	0.0%	0.0%	0.0%	10.4%	89.6%
Cockburn	73	0.0%	0.0%	0.3%	18.9%	71.3%	9.5%
Collie-Preston	25	0.9%	3.5%	20.9%	50.4%	24.2%	0.0%
Cottesloe	95	0.0%	0.0%	1.2%	0.7%	13.4%	84.6%
Darling Range	20	0.0%	14.1%	71.3%	14.0%	0.6%	0.0%
Dawesville	6	0.0%	15.5%	76.6%	7.9%	0.0%	0.0%
Forrestfield	17	0.0%	0.0%	3.8%	39.6%	54.8%	1.8%
Fremantle	103	0.4%	0.0%	0.0%	3.8%	31.8%	64.0%
Geraldton	58	1.3%	2.1%	11.0%	29.7%	40.9%	14.9%
Girrawheen	35	0.0%	0.0%	0.0%	2.8%	76.6%	20.6%
Hillarys	173	0.0%	0.0%	1.3%	4.1%	60.4%	34.2%
Jandakot	92	0.0%	0.0%	0.0%	6.9%	51.8%	41.2%
Joondalup	43	0.0%	0.0%	0.0%	18.3%	74.4%	7.2%
Kalamunda	32	0.0%	17.0%	54.4%	28.0%	0.5%	0.0%
Kalgoorlie	17	14.6%	12.0%	42.5%	31.0%	0.0%	0.0%
Kimberley	51	34.9%	1.8%	0.0%	2.8%	16.5%	44.0%
Kingsley	48	0.0%	0.0%	0.0%	0.0%	41.0%	59.0%
Kwinana	32	0.0%	0.0%	39.3%	60.7%	0.0%	0.0%
Landsdale	28	0.0%	0.0%	0.0%	30.1%	65.7%	4.3%
Mandurah	66	0.0%	0.0%	4.1%	74.1%	21.8%	0.0%
Maylands	82	0.0%	0.0%	0.0%	1.0%	5.4%	93.6%
Mid-West	12	21.7%	32.8%	23.1%	13.8%	7.8%	0.8%
Midland	89	0.0%	0.0%	10.6%	46.7%	40.4%	2.3%
Mindarie	39	0.0%	0.0%	9.8%	86.1%	4.1%	0.0%
Morley	28	0.0%	0.0%	0.0%	0.0%	21.4%	78.6%
Mount Lawley	102	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Murray-Wellington	5	0.0%	38.4%	44.4%	17.2%	0.0%	0.0%
Nedlands	477	0.0%	0.0%	0.0%	0.0%	0.7%	99.3%
Oakford	33	0.0%	0.0%	13.4%	56.3%	29.1%	1.2%
Perth	289	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%

State Electoral Division	OT Count	Percentage of population with OT access level:					
		Nil*	Very Low	Low	Medium	High	Highest
Pilbara	52	15.3%	7.7%	8.9%	29.0%	34.6%	4.4%
Riverton	32	0.0%	0.0%	0.0%	0.0%	7.8%	92.2%
Rockingham	67	1.9%	0.0%	1.6%	34.3%	62.2%	0.0%
Roe	37	6.6%	33.7%	20.8%	16.9%	11.6%	10.5%
Scarborough	84	0.0%	0.0%	0.0%	0.0%	11.0%	89.0%
Secret Harbour	19	0.0%	0.0%	45.7%	54.3%	0.0%	0.0%
South Perth	79	0.0%	0.0%	0.0%	0.0%	2.1%	97.9%
Southern River	14	0.0%	0.0%	4.5%	50.1%	45.4%	0.0%
Swan Hills	21	0.0%	41.8%	50.5%	7.5%	0.2%	0.0%
Thornlie	52	0.0%	0.0%	0.4%	34.7%	64.9%	0.0%
Vasse	79	0.0%	0.0%	7.9%	23.9%	32.2%	36.0%
Victoria Park	258	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Wanneroo	53	0.0%	0.2%	17.2%	60.9%	21.8%	0.0%
Warren-Blackwood	61	0.5%	7.7%	12.0%	16.3%	27.9%	35.7%
West Swan	31	0.0%	0.0%	16.6%	56.3%	27.0%	0.1%

Tasmania

State Electoral Division	OT Count	Percentage of population with OT access level:					
		Nil*	Very Low	Low	Medium	High	Highest
Bass (Launceston)	74	0.0%	0.0%	0.0%	29.1%	55.8%	15.1%
Bass (McIntyre)	0	3.7%	96.3%	0.0%	0.0%	0.0%	0.0%
Bass (Rosevears)	21	0.0%	9.6%	21.5%	37.8%	27.6%	3.5%
Bass (Windermere)	27	0.0%	5.2%	20.5%	37.8%	33.3%	3.2%
Braddon (Mersey)	24	0.0%	0.9%	69.6%	28.3%	1.2%	0.0%
Braddon (Montgomery)	12	0.0%	7.8%	70.3%	18.5%	3.3%	0.0%
Braddon (Murchison)	26	17.5%	18.6%	28.5%	26.7%	8.8%	0.0%
Clark (Derwent)	4	0.0%	2.2%	60.0%	37.8%	0.0%	0.0%
Clark (Elwick)	16	0.0%	2.2%	22.0%	37.7%	35.7%	2.4%
Clark (Hobart)	139	0.0%	0.0%	1.0%	6.6%	43.8%	48.6%
Clark (Huon)	0	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Clark (Nelson)	26	0.0%	0.0%	4.5%	39.8%	41.6%	14.1%
Franklin (Huon)	10	4.1%	22.9%	44.0%	23.6%	5.4%	0.0%
Franklin (Nelson)	5	0.0%	0.4%	8.1%	83.8%	7.7%	0.0%
Franklin (Pembroke)	27	0.0%	0.0%	9.2%	42.5%	48.4%	0.0%
Franklin (Rumney)	8	0.0%	11.1%	57.7%	27.6%	3.6%	0.0%
Lyons (Derwent)	2	1.8%	67.9%	30.4%	0.0%	0.0%	0.0%
Lyons (Launceston)	2	0.0%	2.6%	21.3%	72.4%	3.7%	0.0%
Lyons (McIntyre)	12	0.0%	13.3%	39.5%	38.3%	9.0%	0.0%
Lyons (Montgomery)	2	0.0%	9.0%	59.5%	31.5%	0.0%	0.0%
Lyons (Prosser)	3	4.2%	77.8%	14.3%	3.7%	0.0%	0.0%
Lyons (Rumney)	3	0.0%	38.9%	61.1%	0.0%	0.0%	0.0%

Northern Territory

Electoral Division	OT Count	Percentage of population with OT access level:					
		Nil*	Very Low	Low	Medium	High	Highest
Arafura	2	54.4%	0.0%	29.2%	16.5%	0.0%	0.0%
Araluen	14	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Arnhem	5	68.7%	16.4%	0.0%	4.5%	10.4%	0.0%
Barkly	0	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Blain	2	0.0%	0.0%	5.0%	95.0%	0.0%	0.0%
Braitling	22	0.0%	0.0%	0.0%	0.0%	96.7%	3.3%
Brennan	2	0.0%	0.0%	42.2%	57.8%	0.0%	0.0%
Casuarina	69	0.0%	0.0%	0.0%	0.9%	44.3%	54.8%
Daly	0	52.3%	24.7%	15.8%	7.2%	0.0%	0.0%
Drysdale	5	0.0%	0.0%	0.0%	97.8%	2.2%	0.0%
Fannie Bay	22	0.0%	0.0%	0.0%	0.0%	63.2%	36.8%
Fong Lim	29	0.0%	0.0%	0.0%	0.0%	87.4%	12.6%
Goyder	4	0.0%	42.7%	42.6%	14.7%	0.0%	0.0%
Gwoja	1	99.0%	1.0%	0.0%	0.0%	0.0%	0.0%
Johnston	3	0.0%	0.0%	0.0%	0.0%	11.9%	88.1%
Karama	2	0.0%	0.0%	0.0%	2.1%	97.9%	0.0%
Katherine	5	0.0%	0.0%	18.0%	56.6%	25.3%	0.0%
Mulka	6	52.0%	0.5%	8.3%	0.6%	36.0%	2.6%
Namatjira	5	21.4%	0.0%	5.6%	19.7%	53.4%	0.0%
Nelson	11	0.0%	31.7%	36.6%	31.5%	0.2%	0.0%
Nightcliff	6	0.0%	0.0%	0.0%	2.7%	72.1%	25.2%
Port Darwin	10	0.0%	0.0%	0.0%	19.2%	80.8%	0.0%
Sanderson	6	0.0%	0.0%	0.3%	0.0%	61.1%	38.7%
Spillett	11	0.0%	0.0%	19.7%	72.1%	8.3%	0.0%
Wanguri	4	0.0%	0.0%	0.0%	0.0%	57.6%	42.4%

Australian Capital Territory

Electoral Division	OT Count	Percentage of population with OT access level:					
		Nil	Very Low	Low	Medium	High	Highest
Brindabella	42	0.1%	2.4%	34.3%	51.9%	11.3%	0.0%
Ginninderra	158	0.0%	0.0%	8.3%	30.3%	57.9%	3.5%
Kurrajong	104	0.0%	0.2%	0.5%	21.5%	77.0%	0.8%
Murrumbidgee	171	0.0%	0.4%	0.7%	9.1%	75.5%	14.3%
Yerrabi	48	0.0%	0.1%	36.1%	53.7%	10.2%	0.0%
Unclassified	2	56.8%	3.6%	10.3%	0.0%	29.2%	0.0%